Original Application

Bone & Joint Institute of TN Surgery Center

CN1807-035

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

CERTIFICATE OF NEED APPLICATION

SECTION A: APPLICANT PROFILE

1. **Name of Facility, Agency, or Institution**

Bone and Joint Institute of Tennessee Surgery Center
Name

3000 Edward Curd Lane — Williamson
Street or Route — County

Franklin — TN — 37067
City — State — Zip Code

*Note: The faculty's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.*

2. **Contact Person Available for Responses to Questions**

Julie Miller — Chief Operating Officer
Name — Title

Williamson Medical Center — jmiller@wmed.org
Company Name — E-mail address

4321 Carothers Parkway — Franklin — TN — 37067
Street or Route — City — State — Zip Code

Employee of Affiliate — 615-435-5162 — 615-435-7362
Association with Owner — Phone Number — Fax Number

NOTE: ***Section A*** is intended to give the applicant an opportunity to describe the project. ***Section B*** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and Quality Measures.

Please answer all questions on ***8½" X 11" white paper, clearly typed and spaced, single or double-sided, in order and sequentially numbered. In answering, please type the question and the response.*** All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). ***Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment, i.e., Attachment A.1, A.2, etc. The last page of the application should be a completed signed and notarized affidavit.***

3. **SECTION A: EXECUTIVE SUMMARY**

A. Overview

Please provide an overview not to exceed three pages in total explaining each numbered point.

1) Description – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant;

RESPONSE: In this application, the applicant, Bone and Joint Institute of Tennessee Surgery Center, LLC, seeks a certificate of need to establish a surgery center to be known as Bone and Joint Institute of Tennessee Surgery Center, which will contain six operating rooms, with two additional operating rooms to be constructed but held empty for potential future use. This surgery center will be limited to the practice of orthopedic surgery by the physicians employed by the Bone and Joint Institute of Tennessee, an affiliate of Williamson Medical Center.

The Project will be located in the building currently under construction on the campus of Williamson Medical Center, on the southwestern side, which will house the Bone and Joint Institute of Tennessee building. The Bone and Joint Institute, a cooperative venture between 13 orthopedic physicians who have practiced in Williamson County for a number of years, and Williamson Medical Center, the only acute care hospital in Williamson County. WMC is also the county hospital, set up pursuant to a private act of the Tennessee General Assembly to serve Williamson County.

The proposed ASTC will be conveniently located adjacent to Exit 65 on Interstate 65, on the campus of Williamson Medical Center.

2) Ownership structure;

RESPONSE: The applicant, Bone and Joint Institute of Tennessee Surgery Center, LLC, is a Tennessee limited liability company which currently has a single member, Williamson County Medical Center. However, upon grant of the certificate of need and the commencement of this project, the physicians of Bone and Joint Institute and Williamson Medical Center anticipate that the applicant will convert to a multi-member LLC, of which 51% of the interests will be owned by Williamson Medical Center and up to 49% of the of the other interests in the Bone and Joint Institute of Tennessee Surgery Center, LLC will be held by physicians employed by the Bone and Joint Institute. Thus, the physicians owners of the applicant will also be employees of Bone and Joint Institute of Tennessee, and their practices at the surgery center will be limited to orthopedic surgery only, as will the surgery center itself.

3) Service area;

RESPONSE: The service area for this project will be Williamson County. This is consistent with the utilization of Williamson Medical Center and is a reasonable service area for the project, consistent with HSDA rules.

4) Existing similar service providers;

RESPONSE: Currently, only four licensed surgery centers are located in Williamson County. These are: Franklin Endoscopy Center, LLC; Crossroads Surgery Center, LLC;

Cool Springs Surgery Center; and the Vanderbilt-Ingram Cancer Center at Franklin. Of these four, two are limited to single specialties (Crossroads and Vanderbilt Ingram). The other two, Cool Springs Surgery Center and Franklin Endoscopy Center, show orthopedic surgery utilization in their 2017 Joint Annual Reports. Both of these surgery centers indicate that the utilization of their operating rooms is well above884 cases per year, the 70% of utilization threshold prescribed in the State Health Plan. Further, none of the physicians in the Bone and Joint Institute of Tennessee practice at either of these surgery centers. Therefore, the impact of the project on these centers is projected to be limited.

5) Project cost;

RESPONSE: As shown in the application, the projected project costs for this project is $25,644,460. This level of expense is driven in part by the allocation of construction costs to the space for this project from the larger construction cost totals for the entire Bone and Joint Institute of Tennessee medical office building currently under construction on this property. The remainder of the building will house the BJIT physician offices and nonsurgical patient treatment areas.

6) Funding;

RESPONSE: The initial funding for this Project is being provided by Williamson Medical Center. Upon the syndication of the Project as described above after the certificate of need is obtained, the investing physicians will bear a portion of the project costs through their investments in the Bone and Joint Institute of Tennessee Surgery Center, LLC.

7) Financial Feasibility including when the proposal will realize a positive financial margin; and

RESPONSE: The 13 orthopedic surgeons who are members of Bone and Joint Institute of Tennessee are experienced, successful orthopedic medical practitioners who have practiced in Williamson County for a significant period of time. Given their surgical skills and practice histories, the applicant projects that this project will realize a positive financial margin in the first year of its operations.

8) Staffing.

RESPONSE: Given the involvement of Williamson Medical Center in this project, and the proximity of the project to Williamson Medical Center's existing operations, the staffing for the Project will be readily available through the existing resources of Williamson Medical Center. The orthopedic physicians involved in the Bone and Joint Institute of Tennessee currently practice at Williamson Medical Center, and perform a significant volume of procedures in both outpatient and inpatient operating rooms of Williamson Medical Center. The surgical operations delivered at the proposed ASTC will be limited to outpatient orthopedic surgical cases. The CVs for the Bone and Joint Institute of Tennessee physicians are attached to this CON application in Attachment A-8.

B. Rationale for Approval

A certificate of need can only be granted when a project is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need;

RESPONSE: This project is needed in the area to be served. As shown by data set forth in this application, this project is the outgrowth of strategic planning by Williamson Medical Center and the orthopedic physicians who are participating in the Project.

Currently, there are only four licensed ambulatory surgical treatment centers in Williamson County. Of these, only two, Cool Springs Surgery Center and Franklin Endoscopy Center, provide orthopedic services. The other two are specialized ASTCs: Crossroads Surgery Center's 2017 JAR states that it has only two procedure rooms and provides only pain management services, while the Vanderbilt Ingram Cancer Center at Franklin's 2017 JAR indicates it has five procedure rooms, and provides only radiological/oncology treatments.

Thus, despite the significant population growth in Williamson County over the last five to ten years, there is a significant need in the service area for an ASTC dedicated to the provision of outpatient orthopedic surgical services. Further, the 2017 JAR for Cool Springs Surgery Center indicates that its operating rooms are utilized at 83.75% of full capacity, while the Franklin Endoscopy Center's 2017 JAR indicates that its operating rooms are being utilized at the rate of 84.24% of full capacity. Thus, the existing ASTCs in the service area which provide orthopedic surgical services are being utilized, in their operating rooms, at utilization rates that exceed the 70% of maximum utilization standard set forth in the State Health Plan as a requirement to be satisfied in order for the approval of the ambulatory surgical treatment centers. This Project will have no procedure rooms.

Furthermore, the only hospital in the service area, Williamson Medical Center, is a participant in this Project. Had Williamson Medical Center desired to build the structure and operate these outpatient operating rooms as an outpatient hospital department of Williamson Medical Center, it would not need a certificate of need to do so. However, given the push toward increased efficiency and price competition in the healthcare industry, and to assist the residents of the service area in obtaining these expert orthopedic surgical services by the orthopedic physicians of the Bone and Joint Institute of Tennessee, Williamson Medical Center decided to join with those physicians to develop this free-standing ASTC for outpatient orthopedic surgical services on its campus.

As shown above, and elsewhere in this application, Williamson Medical Center has a very significant ownership and management stake in the proposed center. It clearly consents to the development of this project.

The utilization proposed for the project will meet or exceed the requirements set forth in the State Health Plan for utilization of outpatient ASTCs operating rooms. The applicant does not plan to have procedure rooms in the proposed surgery center. Given the close proximity of Williamson Medical Center, any surgical procedures which need to be done in a procedure room will be able to be done at Williamson Medical Center. The projected utilization per operating room for orthopedic surgical cases in this Project (1,108 cases per OR) exceeds the State Health Plan guidelines of 884 cases for the six operating rooms proposed by the applicant in this matter. To the extent the movement of those cases to the ASTC affect any other provider, they will affect Williamson Medical Center because they will no longer be done in the Williamson Medical Center's operating rooms. However, Williamson Medical Center is a participant in this project, and intends to work cooperatively with the orthopedic physicians of the Bone and Joint Institute of Tennessee in operationalizing this project and assisting in making it become successful.

This will be a specialty ASTC, limited to the specialty of orthopedic outpatient surgical services. Based on the volumes of cases projected for the physicians of the Bone and Joint Institute of Tennessee who will practice at the project, the applicant is confident that the required utilization of 884 cases per operating room will be successfully met by this project. As noted, the performance of those cases in the proposed ASTC should not have any significant impact on the existing practice patterns at the other two surgery centers which provide orthopedic services in Williamson County: the orthopedic practitioners of the Bone and Joint Institute of Tennessee do not practice at the Cool Springs Surgery Center or the Franklin Endoscopy Center. Therefore, the performance of the BJIT physicians in the proposed surgery center should not have much, if any, impact on the utilization of the two other centers in Williamson County which provide orthopedic surgical services. As shown above, the utilization of the operating rooms at those two surgery centers has been in excess of the 884 cases per operating room, the 70% of capacity standard recommended before addition of ORs as set forth in the State Health Plan.

The applicant acknowledges that its certificate of need for this surgery center will be limited to the performance of orthopedic surgical services in the ASTC.

The last three years' reported utilization for Cool Spring Surgery Center and Franklin Endoscopy Center is set forth in the table below:

ASTC	No. of ORs	No. of OR Cases	No. of Proc. Rms.	Ortho Cases	Ortho Procs.	OR Util.	Proc. Rm. Util.
2017							
Cool Springs ASC	5	5,289	2	58	0	83.75%	76%
Franklin Endo	2	2,128	2	892	0	84.24%	71.93%
2016							
Cool Springs ASC	5	5,698	2	57	0	90.23%	66.1%
Franklin Endo	2	1,283	2	703	0	50.79%	64.66%
2015							
Cool Springs ASC	5	5,448	2	83	0	86.2%	51.48%
Franklin Endo	2	1,028	2	649	0	40.7%	55.77%

Data Source: 2015-2017 JARs

2) Economic Feasibility;

RESPONSE: This Project satisfies the statutory criterion of economic feasibility for a number of reasons. This Project will be primarily located on land already owned by Williamson Medical Center. It was acquired several years ago by WMC, and the proportionate cost of the land to the Project has been allocated to the Project in this application's Project Cost Chart.

Furthermore, this Project will benefit from being a portion of a larger construction project, which is already underway. Williamson Medical Center is constructing a medical office building that will be called the Bone and Joint Institute of Tennessee, which is a multi-story medical office building. The Project will be located on the ground floor of this building. Therefore, the construction costs in the Project Cost Chart are an allocation of the cost proportionate to the component of the MOB that will house the Project.

Similarly, the economic feasibility of this Project is supported by the equipment that is necessary for the ASTC. WMC already owns significant fixed and moveable equipment which is being allocated into the proposed ASTC, and the costs of these components are set forth in the Project Cost Chart also.

Therefore, the financial resources of Williamson Medical Center are being applied to the development of the larger project known as the Bone and Joint Institute of Tennessee building, and, from a construction costs standpoint, the Project is economically feasible. The costs of this Project are projected to be approximately $25.64 million, which will result in an ASTC with six ORs. The HSDA in 2017 approved CON No. CN1707-022 for an ASTC with two ORs and one procedure room at a cost of $16.2 million. Thus, on a per OR cost basis, this Project compares favorably with a prior approved CON application which had a higher Project cost per OR.

From an operational standpoint, the Project is economically feasible as well. It will provide orthopedic surgical services to the people in the service area. The types of outpatient surgical services performed in ASTCs are being expanded by the movement of joint replacement operations from being limited to being performed in hospitals to being capable of being performed in ASTCs, given appropriate orthopedic expertise and support in the surgery center.

The applicant projects that a significant number of clinically appropriate joint replacement operations will be done at the Project. The physicians of the Bone and Joint Institute are fully capable of providing these services, and do so within Williamson Medical Center currently.

As shown by the Projected Data Chart, given the volume of expert physicians and the cases they are capable of performing within the Project, the applicant projects that it will achieve significant positive cash flow in year 1 of operations, which it projects will be in the fiscal year 2020. Thus, this Project is economically feasible.

3) Appropriate Quality Standards; and

RESPONSE: This Project will satisfy all appropriate quality standards. All of the physicians involved in the Bone and Joint Institute of Tennessee are board certified. The nursing and other surgical personnel that will be involved in the Project will be drawn primarily from existing Williamson Medical Center staff. Both the staff and the physicians have significant experience in delivering expert outpatient surgical services given their history, and have the experience of working together already in outpatient surgery within the hospital context at Williamson Medical Center.

4) Orderly Development to adequate and effective health care.

RESPONSE: This Project will satisfy the statutory criterion of orderly development of adequate and effective health care. This Project will participate in both Medicare and TennCare. Furthermore, given the involvement of Williamson Medical Center in this ASTC, the Project is committed to providing charity care at levels consistent to those of Williamson Medical Center itself.

As shown above, the applicant does not expect this Project to have any significant negative impacts on other ASTCs in Williamson County. There are no other licensed acute care hospitals in the proposed service area other than Williamson Medical Center, which has consented to the development of this Project and is deeply involved in the development of

the Project. Therefore, given that the local public, county hospital has committed to the development of this Project in cooperation with the expert orthopedic physicians that are involved, this Project will clearly contribute to the orderly development of adequate and effective health care.

C. Consent Calendar Justification

If Consent Calendar is requested, please provide the rationale for an expedited review.

A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

RESPONSE: The applicant does not request consent calendar consideration.

4. SECTION A: PROJECT DETAILS

A. Owner of the Facility, Agency or Institution

Bone and Joint Institute of Tennessee Surgery Center, LLC
Name

Phone No.

4321 Carothers Parkway
Street or Route

Williamson
County

Franklin
City

TN
State

37067
Zip Code

B. Type of Ownership of Control (Check One)

A. Sole Proprietorship	___	F. Government (State of TN) or Political Subdivision)	___
B. Partnership	___	G. Joint Venture	___
C. Limited Partnership	___	H. Limited Liability Company	X
D. Corporation (For Profit)	___	I. Other (Specify) _____	___
E. Corporation (Not-for-Profit)	___		

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's web-site at https//tnbear.tn.gov/ECommerce/FilingSearch.aspx. **Attachment Section A-4A.**

***Describe** the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.*

5. ***Name of Management/Operating Entity** (If Applicable)*

Williamson Medical Center
Name

4321 Carothers Parkway
Street or Route

Williamson
County

Franklin
City

TN
State

37067
Zip Code

Website address: williamsonmedicalcenter.org

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. **Attachment Section A-5.**

6. **Legal Interest in the Site of the Institution** (Check One)

A.	Ownership	_____	D.	Option to Lease	X
B.	Option to Purchase	_____	E.	Other (Specify) _____	_____
C.	Lease of ___ Years	_____		_____	

Check appropriate line above: *For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements* ***must include*** *anticipated purchase price. Lease/Option to Lease Agreements* ***must include*** *the actual/anticipated term of the agreement* ***and*** *actual/anticipated lease expense. The legal interests described herein* ***must be valid*** *on the date of the Agency's consideration of the certificate of need application.*

6B. Attach **a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site** on an 8 1/2" x 11" sheet of white paper, single or double-sided. ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.

1) Plot Plan **must** include:

   a. Size of site (***in acres***);

   b. Location of structure on the site;

   c. Location of the proposed construction/renovation; and

   d. Names of streets, roads or highway that cross or border the site.

2) Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 1/2 by 11 sheet of paper or as many as necessary to illustrate the floor plan.

3) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

   RESPONSE: The Franklin Transit Authority has a fixed route trolley service which has a regular stop at Williamson Medical Center, on the same WMC property which will house the Project.

Attachment Section A-6A, 6B-1 a-d, 6B-2, 6B-3.

7. Type of Institution (Check as appropriate – more than one response may apply)

A. Hospital (Specify) _____	___	H. Nursing Home	___
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty	___	I. Outpatient Diagnostic Center	___
		J. Rehabilitation Facility	___
C. ASTC, Single Specialty	X	K. Residential Hospice	___
D. Home Health Agency	___	L. Non-Residential Substitution-Based Treatment Center for Opiate Addiction	___
E. Hospice	___		
F. Mental Health Hospital	___		
G. Intellectual Disability Institutional Habilitation Facility ICF/IID	___	M. Other (Specify) _____ _____	___

Check appropriate line(s).

8. Purpose of Review (Check) as appropriate line(s) — more than one response may apply)

A. New Institution	X	F. Change in Bed Complement *[Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]*	___
B. Modifying an ASTC with limitation still required per CON	___		
C. Addition of MRI Unit	___		
D. Pediatric MRI	___		
E. Initiation of Health Care Service as defined in T.C.A. § 68-11-1607(4) (Specify) _____	___	G. Satellite Emergency Dept.	___
		H. Change of Location	___
		I. Other (Specify) _____ _____	___

9. Medicaid/TennCare, Medicare Participation

MCO Contracts [Check all that apply]

___ AmeriGroup ____ United Healthcare Community Plan ____ BlueCare ____TennCare Select

Medicare Provider Number _____

Medicaid Provider Number _____

Certification Type _____

If a new facility, will certification be sought for Medicare and/or Medicaid/TennCare?

Medicare X **Yes** ____ **No** ____ **N/A** **Medicaid/TennCare** X **Yes** ____ **No** ____ **N/A**

10. Bed Complement Data N/A

A. Please indicate current and proposed distribution and certification of facility beds.

		Current Licensed	Beds Staffed	Beds Proposed	*Beds Approved	**Beds Exempted	TOTAL Beds at Completion
1)	Medical						
2)	Surgical						
3)	ICU/CCU						
4)	Obstetrical						
5)	NICU						
6)	Pediatric						
7)	Adult Psychiatric						
8)	Geriatric Psychiatric						
9)	Child/Adolescent Psychiatric						
10)	Rehabilitation						
11)	Adult Chemical Dependency						
12)	Child/Adolescent Chemical Dependency						
13)	Long-Term Care Hospital						
14)	Swing Beds						
15)	Nursing Home – SNF (Medicare only)						
16)	Nursing Home – NF (Medicaid only)						
17)	Nursing Home – SNF/NF (dually certified Medicare/Medicaid)						
18)	Nursing Home - Licensed (non-certified)						
19)	ICF/IID						
20)	Residential Hospice						
	TOTAL						
	*Beds approved by not yet in service			**Beds exempted under 10% per 3 year provision			

B. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the applicant facility's existing services. **Attachment Section A-10. N/A**

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete chart below.

CON Number(s)	CON Expiration Date	Total Licensed Beds Approved

11. **Home Health Care Organizations** – Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply: **N/A**

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	☐	☐	☐	Lauderdale	☐	☐	☐
Bedford	☐	☐	☐	Lawrence	☐	☐	☐
Benton	☐	☐	☐	Lewis	☐	☐	☐
Bledsoe	☐	☐	☐	Lincoln	☐	☐	☐
Blount	☐	☐	☐	Loudon	☐	☐	☐
Bradley	☐	☐	☐	McMinn	☐	☐	☐
Campbell	☐	☐	☐	McNairy	☐	☐	☐
Cannon	☐	☐	☐	Macon	☐	☐	☐
Carroll	☐	☐	☐	Madison	☐	☐	☐
Carter	☐	☐	☐	Marion	☐	☐	☐
Cheatham	☐	☐	☐	Marshall	☐	☐	☐
Chester	☐	☐	☐	Maury	☐	☐	☐
Claiborne	☐	☐	☐	Meigs	☐	☐	☐
Clay	☐	☐	☐	Monroe	☐	☐	☐
Cocke	☐	☐	☐	Montgomery	☐	☐	☐
Coffee	☐	☐	☐	Moore	☐	☐	☐
Crockett	☐	☐	☐	Morgan	☐	☐	☐
Cumberland	☐	☐	☐	Obion	☐	☐	☐
Davidson	☐	☐	☐	Overton	☐	☐	☐
Decatur	☐	☐	☐	Perry	☐	☐	☐
DeKalb	☐	☐	☐	Pickett	☐	☐	☐
Dickson	☐	☐	☐	Polk	☐	☐	☐
Dyer	☐	☐	☐	Putnam	☐	☐	☐
Fayette	☐	☐	☐	Rhea	☐	☐	☐
Fentress	☐	☐	☐	Roane	☐	☐	☐
Franklin	☐	☐	☐	Robertson	☐	☐	☐
Gibson	☐	☐	☐	Rutherford	☐	☐	☐
Giles	☐	☐	☐	Scott	☐	☐	☐
Grainger	☐	☐	☐	Sequatchie	☐	☐	☐
Greene	☐	☐	☐	Sevier	☐	☐	☐
Grundy	☐	☐	☐	Shelby	☐	☐	☐
Hamblen	☐	☐	☐	Smith	☐	☐	☐
Hamilton	☐	☐	☐	Stewart	☐	☐	☐
Hancock	☐	☐	☐	Sullivan	☐	☐	☐
Hardeman	☐	☐	☐	Sumner	☐	☐	☐
Hardin	☐	☐	☐	Tipton	☐	☐	☐
Hawkins	☐	☐	☐	Trousdale	☐	☐	☐
Haywood	☐	☐	☐	Unicoi	☐	☐	☐
Henderson	☐	☐	☐	Union	☐	☐	☐
Henry	☐	☐	☐	Van Buren	☐	☐	☐
Hickman	☐	☐	☐	Warren	☐	☐	☐
Houston	☐	☐	☐	Washington	☐	☐	☐
Humphreys	☐	☐	☐	Wayne	☐	☐	☐
Jackson	☐	☐	☐	Weakley	☐	☐	☐
Jefferson	☐	☐	☐	White	☐	☐	☐
Johnson	☐	☐	☐	Williamson	☐	☐	☐
Knox	☐	☐	☐	Wilson	☐	☐	☐
Lake	☐	☐	☐				

12. Square Footage and Cost Per Square Footage Chart

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage		
					Renovated	New	Total
Central Sterile				Lower level		10,964	10,964
ASTC				1st floor		31,072	31,072
Unit/Department GSF Sub-Total							
Other GSF Total							
Total GSF							
*Total Cost							
**Cost Per Square Foot							
Cost per Square Foot Is Within Which Range *(For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda).*					☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator N/A

1. Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or

2. Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following:

A. Complete the chart below for acquired equipment.

☐ Linear Accelerator	Mev _____ Types: ☐ SRS ☐ IMRT ☐ IGRT ☐ Other _____ Total Cost*: _____ ☐ New ☐ Refurbished	☐ By Purchase ☐ By Lease Expected Useful Life (yrs) _____ ☐ If not new, how old? (yrs) _____
☐ MRI	☐ Breast ☐ Extremity Tesla:_____ Magnet: ☐ Open ☐ Short Bore ☐ Other _____ Total Cost*: _____ ☐ New ☐ Refurbished	☐ By Purchase ☐ By Lease Expected Useful Life (yrs) _____ ☐ If not new, how old? (yrs) _____
☐ PET	☐ PET only ☐ PET/CT ☐ PET/MRI Total Cost*: _____ ☐ New ☐ Refurbished	☐ By Purchase ☐ By Lease Expected Useful Life (yrs) _____ ☐ If not new, how old? (yrs) _____

* As defined by Agency Rule 0720-9-.01(13)

B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment.

C. Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart.

D. Schedule of Operations:

Location	Days of Operation (*Sunday through Saturday*)	Hours of Operation (*example: 8 am – 3 pm*)
Fixed Site *(Applicant)*		
Mobile Locations *(Applicant)*		
(Name of Other Location)		
(Name of Other Location)		

E. Identify the clinical applications to be provided that apply to the project.

F. If the equipment has been approved by the FDA within the last five years provide documentation of the same.

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided*. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. ***If a question does not apply to your project, indicate "Not Applicable (NA)."***

QUESTIONS

SECTION B: NEED

A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency's website at http://www.tn.gov/hsda/article/hsda-criteria-and-standards.

RESPONSE: The State Health Plan criteria applicable to this Project are set forth below:

Determination of Need

1. Need. The minimum numbers of 884 Cases per Operating Room and 1867 Cases per Procedure Room are to be considered as baseline numbers for purposes of determining Need.[1] An applicant should demonstrate the ability to perform a minimum of 884 Cases per Operating Room and/or 1867 Cases per Procedure Room per year, except that an applicant may provide information on its projected case types and its assumptions of estimated average time and clean up and preparation time per Case if this information differs significantly from the above-stated assumptions. It is recognized that an ASTC may provide a variety of services/Cases and that as a result the estimated average time and clean up and preparation time for such services/Cases may not meet the minimum numbers set forth herein. It is also recognized that an applicant applying for an ASTC Operating Room(s) may apply for a Procedure Room, although the anticipated utilization of that Procedure Room may not meet the base guidelines contained here. Specific reasoning and explanation for the inclusion in a CON application of such a Procedure Room must be provided. An applicant that desires to limit its Cases to a specific type or types should apply for a Specialty ASTC.

   RESPONSE: The applicant herein addresses the questions regarding need in this section of the CON application. However, as noted in its notice and elsewhere in this application, the applicant is seeking the CON for a Specialty ASTC, limited to outpatient orthopedic surgeries.

[1] The Division recognizes that estimated or average cleanup/preparation times and Case times may vary significantly by specialty and type of Case.

The applicant projects that the Bone and Joint Institute physicians will perform 6,646 cases in year 1 of operations, which amounts to 1,108 cases per OR, thereby exceeding the 884 standard. Given that the BJIT physicians are experienced, board-certified orthopedic surgeons who have practiced in Williamson County for years, the applicant is confident that its utilization will exceed 884 cases per operating room for this Project.

Part of the applicant's confidence that it will exceed 884 case requirement per operating room is built in part on how orthopedic surgical care is moving toward being performed at ASTCs. As noted elsewhere in this application, for non-Medicare and non-Medicaid patients, it is possible now for orthopedic surgeons to perform joint replacement operations in licensed ASTCs. Since this Project will be a licensed ASTC on the campus of a hospital, the BJIT physicians are confident that they can safely perform joint replacement outpatient surgical cases on appropriate patients in the proposed ASTC. This will increase the ASTC's volume and guarantee, the applicant believes, meeting the 884 cases per operating room requirement.

Over the course of 2017 and early 2018, the current physician members of BJIT joined that the Bone and Joint Institute of Tennessee. Even though they had not previously belonged to it, they have practiced in Williamson County, and performed most of their inpatient surgical cases at Williamson Medical Center, even prior to joining BJIT. They are familiar with the capabilities of WMC and its non-physician staff, and have actively supported the development of the Bone and Joint Institute since their employment by BJIT.

BJIT currently employs 13 orthopedic physicians in the practice known as Bone and Joint Institute of Tennessee. As active orthopedic practitioners, they generate more than sufficient volume for the Project to satisfy the 884 cases per operating room per year requirement under the State Health Plan.

5. Need and Economic Efficiencies. An application for a Specialty ASTC should present its projections for the total number of cases based on its own calculations for the projected length of time per type of case, and shall provide any local, regional, or national data in support of its methodology. An applicant for a Specialty ASTC should provide its own definitions of the surgeries and/or procedures that will be performed and whether the Surgical Cases will be performed in an Operating Room or a Procedure Room. An applicant for a Specialty ASTC must document the potential impact that the proposed new ASTC would have upon the existing service providers and their patterns. A CON proposal to establish a Specialty ASTC or to expand existing services of a Specialty ASTC shall not be approved unless the existing ambulatory surgical services that provide comparable services regarding the types of Cases performed within the applicant's proposed Service Area or within the applicant's facility are demonstrated to be currently utilized at 70% or above. An applicant that is granted a CON for a Specialty ASTC shall have the specialty or limitation placed on the CON.

RESPONSE: The applicant seeks a Specialty ASTC limited to orthopedic surgeries performed at BJIT. Based on the calculations by BJIT's physicians, the applicant believes that its average projected length of time per case will be approximately 75 minutes. Cleanup/preparation time between cases is projected to be 15 minutes.

As noted above, the applicant believes that this Specialty ASTC will not have negative impact on existing service providers and their patterns. The ORs at Cool Springs Surgery Center and Franklin Endoscopy Center operated at a rate of more than 884 cases per OR in 2017, according to their 2017 JARs, as shown above. As noted above, the practice of these physicians has, since joining BJIT, been at Williamson Medical Center. They do not practice at other ASTCs in Williamson County, and their inpatient practice has been, and continues to be, generally performed at Williamson Medical Center.

Williamson Medical Center is an active participant in this Project. It will own at least 51% of the interests in the LLC that owns the surgery center, once it is syndicated, and at least initially WMC will also provide management services to the Project. The Project will also pay rent to WMC for the space in which it operates this facility.

As shown above, the utilization of the existing ASTCs in Williamson County in which orthopedic procedures are performed, which are Cool Springs Surgery Center and Franklin Endoscopy Center, both reported in their 2017 JARs that their operating room utilization exceeded 70%.

The applicant acknowledges that the certificate of need for its Specialty ASTC will have the Specialty limitation placed on its certificate of need and license.

Other Standards and Criteria

6. Access to ASTCs. The majority of the population in a Service Area should reside within 60 minutes average driving time to the facility.

   RESPONSE: The entire population of Williamson County, the proposed service area, lives within a 60-minute average driving time from the Project's location.

7. Access to ASTCs. An applicant should provide information regarding the relationship of an existing or proposed ASTC site to public transportation routes if that information is available.

   RESPONSE: The Franklin Transit Authority's fixed-route trolley service has a regular stop at Williamson Medical Center, on the WMC property which will house the Project.

8. Access to ASTCs. An application to establish an ambulatory surgical treatment center or to expand existing services of an ambulatory surgical treatment center must project the origin of potential patients by percentage and county of residence and, if such data are readily available, by zip code, and must note where they are currently being served. Demographics of the Service Area should be included, including the anticipated provision of services to out-of-state patients, as well as the identity of other service providers both in and out of state and the source of out-of-state data. Applicants shall document all other provider alternatives available in the Service Area. All assumptions, including the specific methodology by which utilization is projected, must be clearly stated.

   RESPONSE: The applicant projects that a majority of its patients will come from Williamson County. The projected utilization of the Project by patients from Williamson County zip codes is projected to be approximately 55% of the total. Thus, approximately 3,655 patients in year one of the Project's operation will come from Williamson County. The remainder of the Project's patients are projected to come primarily from other nearby Middle Tennessee counties. At Williamson Medical Center itself approximately 54% of its inpatients come from Williamson County, according to its 2017 JAR.

9. Access and Economic Efficiencies. An application to establish an ambulatory surgical treatment center or to expand existing services of an ambulatory surgical treatment center must project patient utilization for each of the first eight quarters following completion of the project. All assumptions, including the specific methodology by which utilization is projected, must be clearly stated.

   RESPONSE: The projected utilization for the project is set forth for each of the first eight quarters following completion of the project in the table below:

	Year 1	Year 2
Quarter 1	1,620	1,696
Quarter 2	1,650	1,740
Quarter 3	1,680	1,800
Quarter 4	1,696	2,074

10. Patient Safety and Quality of Care; Health Care Workforce.

a. An applicant should be or agree to become accredited by any accrediting organization approved by the Centers for Medicare and Medicaid Services, such as the Joint Commission, the Accreditation Association of Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgical Facilities, or other nationally recognized accrediting organization.[2]

RESPONSE: The applicant expects to be accredited by the Joint Commission on Accrediting Health Care Facilities.

b. An applicant should estimate the number of physicians by specialty that are expected to utilize the facility and the criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel. An applicant should provide documentation on the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.

RESPONSE: The applicant projects that its 13 orthopedic surgeons, all employed by the Bone and Joint Institute of Tennessee, will perform surgeries at the Project. WMC, a participant in the Project, employs numerous nursing and other healthcare staff which are available to work at the Project. WMC has the capability to recruit the staff necessary for the Project.

11. Access to ASTCs. In light of Rule 0720-11.01, which lists the factors concerning need on which an application is evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care." the HSDA may decide to give special consideration to an applicant:

a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Service Administration;

b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program;

c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

d. Who is proposing to use the ASTC for patients that typically require longer preparation and scanning times. The applicant shall provide in its application information supporting the additional time required per Case and the impact on the need standard.

RESPONSE: The applicant will participate in Medicare and contract with all TennCare MCOs that Williamson Medical Center contracts with. Thus, its response to this question is "C".

[2] The Division recognizes that not all ASTCs can be CMS certified or accredited.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

RESPONSE: While the applicant for this Project, the Bone and Joint Institute of Tennessee Surgery Center, LLC, is a new Tennessee LLC, it is a manifestation of the strategic plan for the Bone and Joint Institute of Tennessee's long-range development plan to have an ambulatory surgical treatment center that is owned by both Williamson Medical Center and individual physicians who are employees of the Bone and Joint Institute of Tennessee, an affiliate of Williamson Medical Center. This Project is part of a larger project to carry out the goals of the Bone and Joint Institute and have a dedicated medical office building which houses an ambulatory surgical treatment center limited to the practice of orthopedic surgery for the physicians of the Bone and Joint Institute.

The Bone and Joint Institute of Tennessee itself is a Tennessee non-profit public benefit corporation. Its corporate member is Williamson Medical Center. As an affiliate of Williamson Medical Center, a status it has because it is under the corporate control of Williamson Medical Center, it employs the orthopedic physicians who will practice at the ASTC described in this CON application.

The mission of the Bone and Joint Institute of Tennessee is to provide high quality orthopedic medical care and medical services in middle Tennessee. The Bone and Joint Institute of Tennessee has committed to develop an ambulatory surgical treatment center as proposed in this CON application. Upon completion of the development of the Bone and Joint Institute of Tennessee Surgery Center, the orthopedic physicians will purchase up to 49% of the interests in the LLC, the Bone and Joint Institute of Tennessee Surgery Center, LLC which will own this ASTC. Williamson Medical Center will own the remainder of the LLC interests which will not be less than 51% of the interests in the LLC. This ASTC will be operated consistently in a manner that treats Medicare and Medicaid patients without discrimination and treats indigent patients regardless of their ability to pay. The ASTC will also operate to benefit the community, and it will promote WMC's charitable purposes as described above.

C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the Project. Please include a discussion of the inclusion of counties in the border states, if applicable. **Attachment Section B - Need-C.**

RESPONSE: The proposed service area for the Project is Williamson County, Tennessee. The requested service area map is attached hereto. This service area is a reasonable one. The majority of WMC's admissions are from Williamson County, one of the fastest growing counties in Tennessee. A majority of the outpatient orthopedic surgery patients at WMC are from Williamson County also. The applicant projects that a majority of its patients will come from Williamson County, and that its designation of Williamson County as its service area is reasonable.

Please complete the following tables, if applicable:

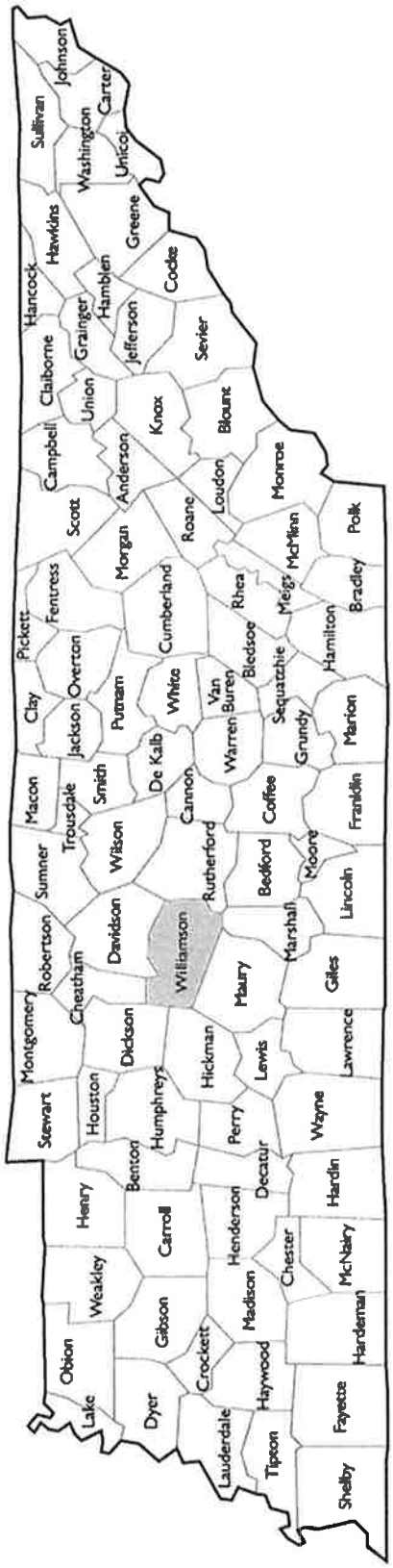
Service Area Counties	Historical Utilization-County Residents	% of total procedures
County #1		
County #2		
Etc.		
Total		100%

Service Area Counties	Projected Utilization-County Residents	% of total procedures
County #1		
County #2		
Etc.		
Total		100%

RESPONSE: The requested tabular data is set forth below:

Service Area Counties	Projected Utilization-County Residents	% of total procedures
County #1	Williamson County	55%
County #2		
Etc.	Various non-service area counties	45%
Total		100%

County Level Map



D. 1). a) Describe the demographics of the population to be served by the proposal.

RESPONSE: The requested demographic data for the service area is attached to this application in Attachment Section B.D.(1)(a).

b) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: http://www.tn.gov/health/article/statistics-population

TennCare Enrollment Data: http://www.tn.gov/tenncare/topic/enrollment-data

Census Bureau Fact Finder: http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Bureau of the Census				TennCare	
	Total Population - Current Year	Total Population - Projected Year	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
County A													
County B, etc.													
Service Area Total													
State of TN Total													

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.*

RESPONSE: The requested tabular data are set forth below:

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Bureau of the Census***				TennCare	
	Total Population - Current Year	Total Population - Projected Year****	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Williamson County**	229,992	241,035	4.8%	229,992	24,035	4.8%	100%	39	$100,140	10,547	5.2%	12,948	5.4%
Service Area Total	229,992	241,035	4.8%	229,992	24,035	4.8%	100%	39	$100,140	10,547	5.2%	12,948	5.4%
State of TN Total	6,769,368	6,883,347	1.7%	6,769,368	6,883,347	1.7%	100%	38.5	$46,574	1,100,169	17.2%	1,418,732	21%

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.*

*** 2017 Census Bureau Data.*

**** 2016 Census Bureau Data*

***** 2020 TDOH data*

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: The Project will serve all segments of the population without discrimination and will serve Medicare and Medicaid patients.

E. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

RESPONSE: The applicant is a brand new entity, and has no prior CON projects.

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: The applicant has no prior utilization. Its projected utilization is set forth in the Projected Data Chart. Its utilization will come from the 13 orthopedic physicians employed by the Bone and Joint Institute of Tennessee.

SECTION B: ECONOMIC FEASIBILITY

A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

1) All projects should have a project cost of at least $15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)

RESPONSE: The applicant is paying the maximum CON filing fee of $95,000 based on the fair market value of the lease for the Project, as determined by the costs of constructing and equipping it. These costs exceed the sum of the lease payments over the term of the projected lease.

2) The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

RESPONSE: The value of the building, land and equipment for the Project exceeds the lease costs for the ten-year lease. The values for these project cost components are set forth in the Project Cost Chart.

3) The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

RESPONSE: The cost of the fixed and moveable equipment involved in the Project has been projected to be $6,418,252.

4) Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart.

RESPONSE: The projected cost per square foot for the Project is projected to be $328.75 per square foot.

5) For projects that include new construction, modification, and/or renovation—**documentation must be** provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:

   a) A general description of the project;

   b) An estimate of the cost to construct the project;

   c) A description of the status of the site's suitability for the proposed project; and

   d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

RESPONSE: The requested documentation will be provided, although the applicant notes that the Project will do business in leased space.

PROJECT COST CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	$ 876,750
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	150,000
	3.	Acquisition of Site	883,778
	4.	Preparation of Site	1,953,706
	5.	Construction Costs	13,819,724
	6.	Contingency Fund	700,000
	7.	Fixed Equipment (Not included in Construction Contract)	5,241,276
	8.	Moveable Equipment (List all equipment over $50,000)	1,176,976
	9.	Other (Specify) Geotech fees, low voltage, commissioning	747,250
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive or building and land)	
	2.	Building only	
	3.	Land only	
	4.	Equipment (Specify) _____	
	5.	Other (Specify) _____	
C.	Financing Costs and Fees:		
	1.	Interim Financing	
	2.	Underwriting Costs	
	3.	Reserve for One Year's Debt Service	
	4.	Other (Specify) _____	
D.	Estimated Project Cost (A+B+C)		
E.	CON Filing Fee		95,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	$ 25,644,460

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment Section B-Economic Feasibility-B.)***

___ 1) Commercial loan – Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

___ 2) Tax-exempt bonds – Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

___ 3) General obligation bonds – Copy of resolution from issuing authority or minutes from the appropriate meeting;

___ 4) Grants – Notification of intent form for grant application or notice of grant award;

_X_ 5) Cash Reserves – Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or

___ 6) Other – Identify and document funding from all other sources.

RESPONSE: Williamson Medical Center is providing for the construction of the Bone and Joint Institute of Tennessee building, including the Project (of which WMC will ultimately own at least 51%). The 2017 audit for Williamson Medical Center is attached to this CON application in Attachment B.B.

C. Complete Historical Data Charts on the following two pages—***Do not modify the Charts provided or submit Chart substitutions!***

Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

HISTORICAL DATA CHART **N/A**

☐ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in _____ (Month).

	Year _____	Year _____	Year _____
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)			
B. Revenue from Services to Patients			
1. Inpatient Services	$	$	$
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue (Specify) _____			
Gross Operating Revenue	$	$	$
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$	$	$
2. Provision for Charity Care			
3. Provisions for Bad Debt			
Total Deductions	$	$	$
NET OPERATING REVENUE	$	$	$
D. Operating Expenses			
1. Salaries and Wages			
a. Direct Patient Care			
b. Non-Patient Care			
2. Physician's Salaries and Wages			
3. Supplies			
4. Rent			
a. Paid to Affiliates			
b. Paid to Non-Affiliates			
5. Management Fees:			
a. Paid to Affiliates			
b. Paid to Non-Affiliates			
6. Other Operating Expenses			
Total Operating Expenses	$	$	$
E. Earnings Before Interest, Taxes and Depreciation	$	$	$
F. Non-Operating Expenses			
1. Taxes	$	$	$
2. Depreciation			
3. Interest			
4. Other Non-Operating Expenses			
Total Non-Operating Expenses	$	$	$
NET INCOME (LOSS)	$	$	$
Chart Continues Onto Next Page			

	Year _____	Year _____	Year _____
NET INCOME (LOSS)	$	$	$
G. Other Deductions			
1. Annual Principal Debt Repayment	$	$	$
2. Annual Capital Expenditure			
Total Other Deductions	$	$	$
NET BALANCE	$	$	$
DEPRECIATION	$	$	$
FREE CASH FLOW (Net Balance + Depreciation)	$	$	$

☐ Total Facility
☐ Project Only

HISTORICAL DATA CHART-OTHER EXPENSES

	Year _____	Year _____	Year _____
OTHER EXPENSES CATEGORIES			
1. Professional Services Contract	$	$	$
2. Contract Labor			
3. Imaging Interpretation Fees			
4. _____			
5. _____			
6. _____			
7. _____			
Total Other Expenses	$	$	$

D. Complete Projected Data Charts on the following two pages – **Do not modify the Charts provided or submit Chart substitutions!**

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

PROJECTED DATA CHART

☐ Total Facility
☐ Project Only

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	Year 1	Year 2
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits) cases	6,646	7,310
B. Revenue from Services to Patients		
1. Inpatient Services	$	$
2. Outpatient Services	79,748,196	87,723,016
3. Emergency Services		
4. Other Operating Revenue (Specify) _____		
Gross Operating Revenue	$79,748,196	$87,723,016
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$59,811,147	$65,792,262
2. Provision for Charity Care	239,245	263,169
3. Provisions for Bad Debt	717,734	789,507
Total Deductions	$60,768,125	$66,844,938
NET OPERATING REVENUE	$18,980,071	$20,878,078
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	2,385,188	2,480,596
b. Non-Patient Care	646,988	672,867
2. Physician's Salaries and Wages	--	--
3. Supplies	5,642,454	6,206,190
4. Rent		
a. Paid to Affiliates	1,261,080	1,286,302
b. Paid to Non-Affiliates		
5. Management Fees:		
a. Paid to Affiliates	1,043,904	1,148,294
b. Paid to Non-Affiliates		
6. Other Operating Expenses	641,825	641,825
Total Operating Expenses	$11,621,618	$12,436,253
E. Earnings Before Interest, Taxes and Depreciation	$ 7,358,453	$ 8,441,825
F. Non-Operating Expenses		
1. Taxes	$70,480	$70,480
2. Depreciation	641,825	641,825
3. Interest		
4. Other Non-Operating Expenses		
Total Non-Operating Expenses	$751,278	$751,278
NET INCOME (LOSS)	$6,607,175	$7,690,547
Chart Continues Onto Next Page		

	Year 1	Year 2
NET INCOME (LOSS)	$6,607,175	$7,690,547
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	$	$
2. Annual Capital Expenditure		
Total Other Deductions	$	$
NET BALANCE	$6,607,175	$7,690,547
DEPRECIATION	$641,825	$641,825
FREE CASH FLOW (Net Balance + Depreciation)	$7,249,000	$8,332,372

☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

	Year 1	Year 2
OTHER EXPENSES CATEGORIES		
1. Professional Services Contract	$	$
2. Contract Labor		
3. Imaging Interpretation Fees		
4. Property Tax	70,480	70,480
5. _____		
6. _____		
7. _____		
Total Other Expenses	$70,480	$70,480

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*					
Deduction from Revenue *(Total Deductions/Utilization Data)*					
Average Net Charge *(Net Operating Revenue/Utilization Data)*					

RESPONSE: The requested charge, deductions and average net charge table is set forth below:

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*			$12,000	$12,000	0
Deduction from Revenue *(Total Deductions/Utilization Data)*			$9,071	9,072	.011%
Average Net Charge *(Net Operating Revenue/Utilization Data)*			$2,929	2,928	(.034%)

2) Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE: The proposed charges for the Project are reasonable and competitive in the orthopedic outpatient surgery context, especially given the complexity of outpatient orthopedic surgeries such as joint replacement surgeries. The applicant is a new entity and has no existing patient charges.

3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: There is no dedicated orthopedic surgery ASTC in the service area. One of the two ASTCs in Williamson County in which orthopedic surgeries are performed, Cool Springs Surgery Center and Franklin Endoscopy Center, shows an average gross charge comparable to that of the applicant. In its 2017 JAR, Cool Springs Surgery Center's charge and volume data indicate that it had an average gross charge per case/procedure of $12,655 in 2017. The other ASTC in Williamson County in which outpatient orthopedic surgeries were performed in 2017, Franklin Endoscopy Center, had an average charge of $6,046 per case/procedure according to its 2017 JAR. Thus, the applicant's projected average charge per case of $12,000 compares favorably with other Williamson County ASTCs at which orthopedic surgeries are performed.

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as **Attachment Section B-Economic Feasibility-F1**. **NOTE: Publicly held entities only need to reference their SEC filings.**

RESPONSE: The applicant is a new entity, and has no prior financial records. The most recent audit (2017) of William Medical Center, which will own most of the LLC interests in the owner of the Project, is attached to this CON application. See the 2017 Williamson Medical Center audit in **Attachment B-B.**

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

RESPONSE: This question's calculation, based on the Projected Data Chart, indicates a Net Operation Ratio of 38.6% in Year 1 of the Project.

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio					

RESPONSE: See the chart below for applicant's response this question:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	N/A	N/A	N/A	38.6%	40.2%

3) Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: (Long-term debt/(Long-term debt+Total Equity (Net assets)) x 100).

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

RESPONSE:

G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating	As a % of total
Medicare/Medicare Managed Care		
TennCare/Medicaid		
Commercial/Other Managed Care		
Self-Pay		
Charity Care		
Other (Specify)_____		
Total		

RESPONSE: The requested payor source data table is set forth below:

Payor Source	Projected Gross Operating	As a % of total
Medicare/Medicare Managed Care	40,671,580	51%
TennCare/Medicaid	797,482	1%
Commercial/Other Managed Care	35,089,206	44%
Self-Pay	558,237	.7%
Charity Care	239,245	.3%
Other (Specify) worker's comp & government	2,392,446	3%
Total	79,748,196	100%

H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (enter year)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
Position 1				
Position 2				
Position "etc."				
Total Direct Patient Care Positions				

b) Non-Patient Care Positions				
Position				
Position				
Position "etc."				
Total Non-Patient Care Positions				
Total Employees *(A+B)*				
c) Contractual Staff				
Total Staff *(a+b+c)*				

RESPONSE:

Position Classification	Existing FTEs (enter year)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage*
a) Direct Patient Care Positions				
RNs		18.5	$30.00	28.41
Scrub Techs		7.5	22.44	22.66
First Assists		2.5	26.00	26.18
Patient Assist II		1	15.08	
Coordinators		3	38.00	28.58**
Total Direct Patient Care Positions		32.5	26.00	

b) Non-Patient Care Positions	Existing FTEs (enter year)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
Director		1	50.97	48.87*
CSP Techs		4	15.60	17.68*
EVS		1	13.00	17.68*

Surg Inventory Tech		1	20.48	30.35***
Materials Manager		1	30.00	17.68*
Front/Desk/Reception/Sched/ AA		4.5	16.00	
Total Non-Patient Care Positions		12.5	24.35	
Total Employees *(A+B)*		45		
c) Contractual Staff				
Total Staff *(a+b+c)*		45		

* Median Wages
**Average Wage
***Described by TDOLWD website as "typical wage".

I. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

RESPONSE: A goal of the Bone and Joint Institute of Tennessee is to develop more efficient ways to deliver outpatient orthopedic surgical service. This Project furthers that goal by enabling the move of complex orthopedic surgical services to an ASTC supported by the county's hospital. The positive results for the patients of this Project include lower charges for such procedures in the ASTC instead of taking place in the hospital's outpatient department. Given that WMC is developing the Bone and Joint Institute of Tennessee building, there is no more efficient way for the applicant to develop the Project.

2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements.

RESPONSE: The Project will share the building and support facilities (parking lot, etc.) of the Bone and Joint Institute of Tennessee building.

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.

RESPONSE: The applicant will have close working relationships with Williamson Medical Center, which is a part owner of the applicant and on whose campus the Project resides.

B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

1) Positive Effects

RESPONSE: The establishment of the Project will have positive effects on the healthcare system of Williamson County. Its impact on existing providers will be minimal, since the physicians of the Bone and Joint Institute of Tennessee are employed by an affiliate of Williamson Medical Center and do not practice at the other surgery centers in Williamson County. Instead, they practice at the only acute care hospital in Williamson County, Williamson Medical Center. Given that there are 13 active orthopedic physicians currently employed by the Bone and Joint Institute of Tennessee, they provide significant use of the current facilities, and will fully utilize the Project. This Project will not compete with Williamson Medical Center because Williamson Medical Center will own 51% of the ownership interest in the LLC which owns the Project. Therefore, Williamson Medical Center itself is a participant, in a corporate sense, in this Project. The other two ASTCs which provide orthopedic outpatient surgical services are actively utilized by other providers in the service area. To the extent there is any impact from the Project on utilization rates at Williamson Medical Center, Williamson Medical Center's participation in the Project itself will prevent negative financial impact on WMC itself. As noted earlier, the switch of the outpatient orthopedic surgical services of the physicians of the Bone and Joint Institute of Tennessee from Williamson Medical Center to the Project, to the extent it occurs, will not have a negative effect on the utilization rates of existing providers of ambulatory surgical services in the service area of the Project.

2) Negative Effects

RESPONSE: As noted above, the applicant does not foresee any significant negative effects of the Project on the healthcare system of Williamson County, given that Williamson Medical Center itself will participate actively in the LLC which owns the Project.

C. 1) Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE: With its close relationship to Williamson Medical Center, the applicant will have availability of and access to human resources required by the Project.

2) Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE: The applicant so verifies.

3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

RESPONSE: The applicant does not anticipate participation in the training of students as described.

D. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure:

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

Accreditation (i.e., Joint Commission, CARF, etc.):

RESPONSE: The Project will be licensed as an ASTC by the Tennessee Board for Licensing Health Care Facilities, and will seek to be accredited by the Joint Commission.

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

   RESPONSE: N/A

2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.

   RESPONSE: N/A

3) Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

   a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

      RESPONSE: N/A

E. Respond to all of the following and for such occurrences, identify, explain and provide documentation:

1) Has any of the following:

   a) Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);

   b) Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or

   c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.

      RESPONSE (a) through (c): No

2) Been subjected to any of the following:

   a) Final Order or Judgment in a state licensure action;

      RESPONSE: No.

b) Criminal fines in cases involving a Federal or State health care offense;

RESPONSE: No.

c) Civil monetary penalties in cases involving a Federal or State health care offense;

RESPONSE: No.

d) Administrative monetary penalties in cases involving a Federal or State health care offense;

RESPONSE: No.

e) Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; and/or

RESPONSE: No.

f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.

RESPONSE: No.

g) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.

RESPONSE: No.

h) Is presently subject to a corporate integrity agreement.

RESPONSE: No.

F. Outstanding Projects:

1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and **N/A**

Outstanding Projects					
CON Number	Project Name	Date Approved	*Annual Progress Report(s) Due Date	*Annual Progress Report(s) Date Filed	Expiration Date

* Annual Progress Reports – HSDA Rules require that an Annual Progress Report (APR) be submitted each year. The APR is due annually until the Final Project Report (FPR) is submitted (FPR is due within 90 ninety days of the completion and/or implementation of the project). Brief progress status updates are requested as needed. The project remains outstanding until the FPR is received.

2) Provide a brief description of the current progress, and status of each applicable outstanding CON.

RESPONSE: N/A

G. Equipment Registry – For the applicant and all entities in common ownership with the applicant.

1) Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)? No

2) If yes, have you submitted their registration to HSDA? If you have, what was the date of submission? N/A

3) If yes, have you submitted your utilization to Health Services and Development Agency? If you have, what was the date of submission? N/A

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

RESPONSE: The applicant will report on quality measures annually to the HSDA as prescribed by the Agency.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/health/topic/health-planning). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

RESPONSE: The Project is an outgrowth of the Bone and Joint Institute of Tennessee, whose goals include improved orthopedic medical care for the people of Tennessee, especially those in its service area.

B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

RESPONSE: The Project will increase access to ASTCs in its service area, and expand the scope of outpatient orthopedic surgical care.

C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

RESPONSE: The Project will develop and increase health resources in Tennessee, while encouraging economic efficiencies by safely performing appropriate joint replacement surgical cases in an ASTC instead of in a hospital.

D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

RESPONSE: Given the experience and education of the orthopedic physicians in the Bone and Joint Institute of Tennessee, people in its service area and elsewhere should have confidence that the quality of their services is continually monitored and the appropriate standards are adhered to by its physicians.

E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

RESPONSE: The Bone and Joint Institute of Tennessee and this Project support the development, recruitment and retention of a sufficient and quality health workforce.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §68-11-1607(c)(9)(A) states that "...Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the agency by the applicant."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.

If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.

AFFIDAVIT OF PUBLICATION

0003018709
Newspaper The Tennessean

State of Tennessee

Account Number NAS-531008
Advertiser BAKER, DONELSON, BEARMAN CALDW

BAKER, DONELSON, BEARMAN CALDW
211 COMMERCE ST STE 800
NASHVILLE, TN
37201

TEAR SHEET ATTACHED

Jackie Cooper Sales Assistant for the above mentioned newspaper, hereby certify that the attached advertisement appeared in said newspaper on the following dates:

07/10/18

Jackie Cooper

Subscribed and sworn to before me this 10 day of July 2018

Angela Murray
Notary Public

ANGELA MURRAY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-6-2020

Affidavits Requested:
1

0003018709PUBLICATIONOFINTENTTENNESSEEHEALT
Re: Bone and Joint Institute of Tennessee Surgery Center

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date [Month/Year]
1. Initial HSDA decision date		
2. Architectural and engineering contract signed		
3. Construction documents approved by the Tennessee Department of Health		
4. Construction contract signed		
5. Building permit secured		
6. Site preparation completed		
7. Building construction commenced		
8. Construction 40% complete		
9. Construction 80% complete		
10. Construction 100% complete (approved for occupancy		
11. *Issuance of License		
12. *Issuance of Service		
13. Final Architectural Certification of Payment		
14. Final Project Report Form submitted (Form HR0055)		

***For projects that *DO NOT* involve construction or renovation, complete Items 11 & 12 only.**

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

APPENDIX

Attachment Section A-8

The Bone and Joint Institute of Tennessee

Physician CVs

CURRICULUM VITAE
SCOTT THOMAS ARTHUR, M.D.

OFFICE ADDRES:

Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067
615-791-2630

EDUCATION:

American Sports Medicine Institute, Birmingham, Alabama
Sports Medicine Fellow, 2005 – 2006

Campbell Clinic, Memphis, Tennessee
Orthopaedic Surgery Resident, 2001 – 2005

Methodist Memorial Hospital, Memphis, Tennessee
Transitional Internship, 2000 – 2001

University of Tennessee, Memphis, Tennessee
M.D., June 2000

- Recipient – *Gouch Memorial Scholarship, 1997 – 2000*
- Recipient – *Phi Gamma Delta Graduate Scholarship, 1998*

University of Tennessee, Knoxville, Tennessee
B.S., Biology, June 1996

- Summa Cum Laude
- Recipient, *Thomas Lincoln Memorial Scholarship, 1993 – 1996*
- Recipient, *John Templeton McCarty Memorial Scholarship, 1994 – 1995*
- Recipient, *Key Club Scholarship, 1996*

CERTIFICATIONS:

American Board of Orthopaedic Surgery
Board Certified 2008

Subspecialty Certificate in Orthopaedic Sports Medicine
Subspecialty Certification 2009

RESEARCH / PUBLICATIONS:

Frederick Azar, M.D., David E. Haynes, M.D., Scott T. Arthur, M.D.
Retrospective review of operative treatment of knee dislocations: 2 year follow-up

Scott T. Arthur, M.D., Robert Heck, M.D., Patrick D. Toy, M.D. *Reconstruction of non-contained proximal tibia defects with polymethylmethacrylate and crossed-screw augmentation, a biomechanical study*

Frederick M. Azar,M.D., Scott T. Arthur, M.D. "Complications of Anterior Cruciate Ligament Reconstruction," *Techniques in Knee Surgery. 3(4):238-250,December 2004.*

James R. Andrews, M.D., Scott T. Arthur, M.D., E. Lyle Cain, Jr., M.D. Arthroscopic Removal of Loose Bodies Chapter, *Advanced Reconstruction Elbow 2007.*

Surgical Anatomy of the Elbow. Faculty presentation at 24th annual Injuries in Baseball Course. Woodland Hills, CA. January 19-22, 2006.

Anatomy of the Shoulder. Faculty presentation at Southeast Athletic Trainers Association Meeting. Franklin, Tennessee. February 23, 2007.

Anatomy of the Knee. Faculty presentation at Southeast Athletic Trainers Association Meeting. Franklin, Tennessee. February 29, 2008.

EXPERIENCE:

Guatemala Medical Mission Trip, Coban, Guatemala 1995
Memphis St. Jude Classic Tennis Tournament physician 2004-2005
Conference USA soccer tournament physician 2004
West Alabama University – team physician 2005-2006
University of Alabama – assistant team physician 2005-2006
Tarrant High School – team physician 2005-2006
Birmingham Barrons Baseball – assistant team physician 2005-2006
Toronto Blue Jays – Spring Training physician 2006
Tampa Bay Devil Rays – Spring Training physician 2006
Brentwood High School – team physician 2007 – present
Brentwood Academy – team physician 2007 – present

CURRICULUM VITAE (CONTINUED)
SCOTT THOMAS ARTHUR, M.D.

HONORS / ACTIVITES:

MEDICAL SCHOOL:
Alpha Omega Alpha, Vice President
Faculty Metal
Lange Medical Publications Award
Peer Counselor
Into The Streets Community Service Project

UNDERGRADUATE:
Phi Beta Kappa, 1996
Kriess Award, 1996
Order of Omega, 1995
Omicron Delta Kappa, 1996
Phi Gamma Delta Fraternity
- President (1995-1996)
- Corresponding Secretary (1994-1995)
- Founder Active-Graduate Link Program (1994-1995)

Student Government
- Torch Party Executive Committee (1995-1996)
- University Services Committee (1995-1996)
- Diversity Affairs and Human Relations Committee (1994-1995)

Intramurals

INTERESTS:

Golf, Basketball, Duck Hunting, Skeet Shooting, Football, and Snow Skiing

CURRICULUM VITAE
Ian R. Byram

BIRTHPLACE: Raleigh, North Carolina (10/17/1980)

CITIZENSHIP: United States

BUSINESS ADDRESS: Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067

Phone: (615) 791-2630
Fax: (615) 791-2639
E-mail: ibyram@bjit.org

HOME ADDRESS: 4322 Sneed Road
Nashville, TN 37215
615-579-1007

Family: Wife: Emily Byram
Sons: Powell 6/15/11, Ward 9/1/13, Sam 5/15/2015

HOSPITAL APPOINTMENTS:

2012 – 2018 Assistant Professor of Clinical Orthopaedic Surgery
Vanderbilt Medical Group

2018 – present Orthopaedic Surgery
Bone and Joint Institute of TN
Williamson Medical Center

EDUCATION:

1994 – 1998 Leesville Road High School
Raleigh, North Carolina

1998 – 2002 **Bachelor of Arts** with Highest Distinction, Economics
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

2002 – 2006 **Doctor of Medicine**
University of North Carolina School of Medicine
Chapel Hill, North Carolina

POST-DOCTORAL TRAINING:

2006 –2007 **Internship in General Surgery**
Vanderbilt University Medical Center
Nashville, Tennessee
Director: John L. Tarpley, MD

2007 –2011	**Residency in Orthopaedic Surgery** Vanderbilt University Medical Center Nashville, Tennessee
2010 –2011	**Chief Resident in Orthopaedic Surgery** Vanderbilt University Medical Center
2011 – 2012	**Fellow, Center for Shoulder, Elbow, Sports Medicine** Columbia University Medical Center New York, New York

PROFESSIONAL SOCIETIES:

2006 – present	American Academy of Orthopaedic Surgeons
2009 – 2011	Tennessee Medical Association
2011 – 2018	Arthroscopy Association of North America
2014 – present	Association of Clinical Elbow and Shoulder Surgeons (ACESS)
2014 – present	AOA Emerging Leaders
2016 – present	American Shoulder and Elbow Surgeons, Candidate member

ACADEMIC APPOINTMENTS:

2011 –2012	Post-Doctoral Clinical Fellow Department of Orthopaedic Surgery Columbia-Presbyterian Medical Center New York, New York
2012 – 2018	Assistant Professor – Clinician track Department of Orthopaedic Surgery Vanderbilt Bone & Joint Clinic Franklin, TN

BOARD CERTIFICATION:

7/7/11	ABOS Part I Written Examination – Pass
8/2014	ABOS Part II Oral Examination - Pass

MEDICAL LICENSES/DEA:

Tennessee #44959
DEA: FB3295462

HONORS/AWARDS:

1998-2001	**Honors Program** University of North Carolina at Chapel Hill Chapel Hill, NC
1998-2002	**Morehead Scholarship** University of North Carolina at Chapel Hill

2001	**Phi Beta Kappa** University of North Carolina at Chapel Hill Chapel Hill, NC
2001	**Order of Omega Honor Society** University of North Carolina at Chapel Hill Chapel Hill, NC
2001	**Gamma Sigma Alpha Honor Society** University of North Carolina at Chapel Hill Chapel Hill, NC
2002-2006	**Donnell B. Cobb Loyalty Fund Scholarship** University of North Carolina at Chapel Hill School of Medicine Four year scholarship funding full medical school tuition awarded on the basis of leadership and scholastic achievement
2005	**Heusner Pupil Award** Medical student award selected by classmates/peers for "capacity to grasp the principles of science, to heal the sick, to comfort the troubled and to be humble before God"
2006	**Alpha Omega Alpha**
2005	**North Carolina Orthopaedic Association Annual Meeting Second Place Resident Paper Award.** The use of suture anchors in repair of the ruptured patellar tendon: a biomechanical study Pinehurst, NC
2009	**Tennessee Orthopaedic Society Annual Meeting Second Place Resident Paper Award.** Humeral head abrasion: an arthroscopic finding in failed SLAP repairs Nashville, TN
2010	**AOA-OREF Resident Leadership Forum** nominee/attendee San Diego, CA
2010-2011	**Administrative Chief Resident** Vanderbilt Department of Orthopaedic Surgery Nashville, TN
2014	**AOA Emerging Leaders Program** Montreal, Quebec

COMMITTEES AND ADMINISTRATIVE SERVICE:

2001-2002	President, Kappa Sigma Fraternity
2002-2006	Co-President, UNC School of Medicine Class of 2006

2005-2006	Co-Chair, UNC Medical Alumni Fundraising Campaign
2009-2011	Resident Representative, Vanderbilt Orthopaedic Institute Education Committee
2010-2011	Orthopaedic Surgery Representative, Vanderbilt House Staff Advisory Council and Graduate Medical Education Committee
2010-2011	Administrative Chief Resident
2013 – 2015	Consultant, Computer physician order entry system, Williamson Medical Center
2014 – present	Committee member, Case Management and Health Information Management Committee, Williamson Medical Center
2014	AOA resident leadership forum table leader
2016 – present	Exactech Clinical Evaluator
2017 – present	ACESS website committee member
2017 – 2020	AAOS Shoulder and Elbow Program committee member
2017 – present	Deacon, First Presbyterian Church Nashville
2018 – present	Chair, Clinical Research and Outcomes Committee, Bone and Joint Institute of TN

TEAM COVERAGE:

2008-2010	Resident Football Team Physician Maplewood Comprehensive High School, Nashville, TN
2011–2012	Fellow Team Physician Columbia University, New York
2012 – present	Head Team Physician Summit High School, Spring Hill, TN
2014 – 2017	Associate Team Physician Nashville Sounds AAA baseball, Nashville, TN

EVENT COVERAGE:

2012	Tournament of Champions Professional Squash Tournament Grand Central Station, New York

HOBBIES: Golf, spending time with family, involvement in First Presbyterian Church

RESEARCH SUPPORT/GRANTS:

1. Yu B, Preston JJ, Queen RM, **Byram IR**, Hardaker WM, Gross MT, Davis JM, Taft TN, Garrett WE: Effects of wearing foot orthosis with medial arch support on the fifth metatarsal loading and ankle inversion angle in selected basketball tasks. University of North Carolina Medical Foundation Research Grant, $2000. 2003

2. **Byram IR**: Tenwek hospital – an international orthopaedic experience. Mid-America Orthopaedic Association Multipurpose Resident Grant, $4000. 2009

3. **Byram IR**, Redler LH, Luchetti TJ, Tsui YL, Moen TC, Gardner TR, Ahmad CS: Dog ear deformities in transosseous equivalent rotator cuff repair model: the effect of tear size and repair technique on footprint restoration. Arthrex, Inc Research Grant, $5,268. 2011

PEER REVIEWER:

2010	Consultant reviewer, *Recent Patents on Mechanical Engineering*
2013 – present	Reviewer, Shoulder and Elbow, *Journal of the American Academcy of Orthopaedic Surgeons* (8/13, 1/14, 1/16, 5/16, 11/16, 3/17)
2013 – present	Reviewer, *Journal of Shoulder and Elbow Surgery* (12/13, 9/14, 11/16)
2013 – present	Reviewer, *Arthroscopy* (12/13, 3/14, 7/14, 9/14, 12/14, 3/15, 6/15, 8/15, 11/15, 7/16, 11/16, 1/17)
2014 – present	Reviewer, *The Physician and Sportsmedicine* (06/14, 12/14, 11/15, 5/16)
2015 – present	Reviewer, *American Journal Sports Medicine* (4/15, 8/15, 11/15, 1/16, 4/16, 7/16, 10/16)

TEACHING:

2011	Medical student preceptor, 3rd year clerkship Columbia University Medical Center
2012 – present	Resident preceptor, 2nd and 4th year orthopaedic residents Vanderbilt University Medical Center
2015	Coordinator, shoulder arthroplasty cadaver lab and lecture, Vanderbilt Orthopaedic residents
2017 – present	Medical education consultant, Exactech, Inc.

BIBLIOGRAPHY:

Peer Reviewed Articles:

1. Bushnell BD, **Byram IR**, Weinhold PS, Creighton RA. The use of suture anchors in repair of the ruptured patellar tendon: a biomechanical study. *Am J Sports Med* 2006;34(9):1492-9.

2. Bushnell BD, **Byram IR**, Dahners, LE. Compression external fixation with transosseous pins for arthrodesis of the ankle. *Techniques in Foot & Ankle Surgery* 2006;5(2):74-83.

3. Yu B, Preston JJ, Queen RM, **Byram IR**, Hardaker WM, Gross MT, Davis JM, Taft TN, Garrett WE. Effects of wearing foot orthosis with medial arch support on the fifth metatarsal loading and ankle inversion angle in selected basketball tasks. *J Orthop Sports Phys Ther* 2007;37(4):186-91.

4. **Byram IR**, Bushnell BD, Dugger K, Charron K, Harrell FE Jr, Noonan TJ. Preseason shoulder strength measurements in professional baseball pitchers: identifying players at risk for injury. *Am J Sports Med* 2010;38(7):1375-82

5. **Byram IR**, Dunn WR, Kuhn JE. Humeral head abrasion: an association with failed superior labrum anterior posterior repairs. *J Shoulder Elbow Surg.* 2011;20(1):92-7.

6. Zouzias IC, **Byram IR**, Shillingford JN, Levine WN. A primer for physical examination of the elbow. *Phys Sportsmed.* 2012; Feb;40(1):51-61.

7. Jiang KJ, **Byram IR**, Hsu SH, Ahmad CS. Double row labral repair: knotless suture bridge technique. *Techniques in Shoulder & Elbow Surgery* 2012;13(3):107-110

8. **Byram IR**, Shillingford JN, Fink LA, Ramirez JM, Ahmad CS. Lesser tuberosity osteotomy with cerclage wire repair for total shoulder arthroplasty: surgical technique. *Techniques in Shoulder & Elbow Surgery* 2012;13(4):151-156.

9. Yin BB, **Byram IR**, Levine WN. Posterior dislocation of both ends of the clavicle treated with allograft tendon reconstruction: a case report. *J Shoulder Elbow Surg.* 2012;21(11):e10-5.

10. Mignemi ME, **Byram IR**, Wolfe CC, Koehler EA, Block JJ, Jordanov MI, Watson JT, Weikert DR, Lee DH. Radiographic outcomes of volar locked plating for distal radius fractures. *J Hand Surg Am* 2013;38(1):40-48.

11. **Byram IR**, Khanna K, Gardner TR, Ahmad CS. Characterizing bone tunnel placement in medial ulnar collateral ligament reconstruction using patient-specific 3-dimensional computed tomography modeling. *Am J Sports Med.* 2013;41(4):894-902

12. **Byram IR**, Kim HM, Levine WN, Ahmad CS. Elbow arthroscopic surgery update for sports medicine conditions. *Am J Sports Med.* 2013 Sep;41(9):2191-202.

13. Redler LH, **Byram IR**, Luchetti TJ, Tsui YL, Moen TC, Gardner TR, Ahmad CS. The influence of rotator cuff tear size and repair technique on creation and management of dog ear deformities in a transosseous equivalent rotator cuff repair model. *Orthopaedic Journal of Sports Medicine.* 2014; 2(4) 2325967114529257

14. Makhni EC, Buza JA, **Byram IR**, Ahmad CS. Sports reporting: a comprehensive review of the medical literature regarding North American professional sports. *Phys Sportsmed.* 2014;42(2):154-62

15. Grantham WJ, **Byram IR**, Meadows MC, Ahmad CS. The Impact of Fatigue on the Kinematics of Collegiate Baseball Pitchers. *Orthopaedic Journal of Sports Medicine.* 2014; 2(6) 2325967114537032

16. Menge TJ, Boykin RE, Bushnell BD, **Byram IR**. Acromioclavicular osteoarthritis: a common cause of shoulder pain. *South Med J.* 2014;107(5):324-9.

17. Menge TJ, Boykin RE, **Byram IR**, Bushnell BD. A comprehensive approach to glenohumeral arthritis. *South Med J.* 2014;107(9):567-73.

18. Morris BJ, **Byram IR**, Lathrop RA, Dunn WR, Kuhn JE. Mapping the articular contact area of the long head of the biceps tendon on the humeral head. *Anat Res Int.* 2014;2014:814721.

19. Grantham WJ, Iyengar JJ, **Byram IR**, Ahmad CS. The curveball as a risk factor for injury: a systematic review. *Sports Health.* 2015;7(1):19-26

20. Menge TJ, **Byram IR**, Boykin RE, Bushnell BD. Labrum and rotator cuff injuries in the throwing athlete. *Phys Sportsmed.* 2015;43(1):65-72

21. Makhni EC, Buza JA, **Byram IR**, Ahmad CS. Academic characteristics of team physicians affiliated with high school, collegiate, and professional teams. *Am J Orthop.* 2015;44(11):510-4.

INVITED ARTICLES:

1. Hsu SH, **Byram IR**, Bigliani LU. Implant removal in revision arthroplasty: a tour de force. *Seminars in Arthroplasty* 2012;23(2)118-124.

2. Kim HM, **Byram IR**, McLaughlin GS, Bigliani LU. Hemiarthroplasty and total shoulder arthroplasty. *Minerva Ortop Traumatol* 2012;63:405-21.

3. Byram IR. (2016, December 8). A broken shoulder: scapula fracture. https://www.sports-health.com

4. Byram IR. (2016, December 8). The 3 types of shoulder fractures. https://www.sports-health.com

5. Byram IR. (2017, February 17). Proximal humerus fractures of the shoulder. https://www.sports-health.com

BOOK CHAPTERS:

1. **Byram IR**, Lee DH. (2013). Shoulder Instability and Dislocations. In Weiss et al (eds): *The American Society for Surgery of the Hand Textbook of Hand and Upper Extremity Surgery, Volume 2* (pp. 851-875) Chicago: ASSH.

PRESENTATIONS:

Scientific Presentations (National):

1. **Byram IR**, Bushnell BD, Dugger K, Charron K, Harrell FE Jr, Noonan TJ. Preseason shoulder strength measurements in professional baseball pitchers: identifying players at risk for injury requiring surgery. American Orthopaedic Society for Sports Medicine Annual Meeting podium. Keystone, CO July 2009.

2. **Byram IR**, Bushnell BD, Dugger K, Charron K, Harrell FE Jr, Noonan TJ. Preseason shoulder strength measurements in professional baseball pitchers: identifying players at

risk for injury requiring surgery. American Academy of Orthopaedic Surgeons Annual Meeting podium. New Orleans, LA March 2010.

3. **Byram IR**, Dunn WR, Kuhn JE. Humeral head abrasion: an arthroscopic finding in failed SLAP repairs. Mid-America Orthopaedic Association Annual Meeting podium. Tuscon, AZ April 2011.

4. **Byram IR**, Khanna K, Gardner TR, Ahmad CS. Characterizing bone tunnel placement in medial ulnar collateral ligament reconstruction using patient-specific 3-dimensional computed tomography modeling. American Academy of Orthopaedic Surgeons Annual Meeting podium. Chicago, IL March 2013.

Co-Authored Scientific Presentations (National):

1. Bushnell BD, **Byram IR**, Weinhold PS, Creighton RA. The use of suture anchors in repair of the ruptured patellar tendon: a biomechanical study. North Carolina Orthopaedic Association Annual Meeting podium. Pinehurst, NC October 2005.

2. Bushnell BD, **Byram IR**, Weinhold PS, Creighton RA. The use of suture anchors in repair of the ruptured patellar tendon: a biomechanical study. Southern Orthopaedic Association Annual Meeting podium. Paradise Island, Bahamas July 2006.

3. Mignemi ME, **Byram IR**, Wolfe CC, Koehler EA, Block JJ, Jordanov MI, Lee DH. Radiographic outcomes of volar locked plating for distal radius fractures. American Society for Surgery of the Hand Annual Meeting podium. Boston, MA October 2010.

4. Mignemi ME, **Byram IR**, Wolfe CC, Koehler EA, Block JJ, Jordanov MI, Lee DH. Radiographic outcomes of volar locked plating for distal radius fractures. American Academy of Orthopaedic Surgeons Annual Meeting podium. San Diego, CA February 2011

5. **Byram IR**, Morris BJ, Lathrop RA, Dunn WR, Kuhn JE. Mapping the articular contact area of the long head of the biceps tendon. American Shoulder and Elbow Surgeons Closed Meeting E poster #68, White Sulfur Springs, WV, October 2011

6. Hsu SH, Boselli KJ, **Byram IR**, Vogel LA, Macaulay AA, Shillingford JN, Cadet ER, Bigliani LU, Ahmad CS, Levine WN. A prospective, randomized study of subscapularis tenotomy versus lesser tuberosity osteotomy during total shoulder arthroplasty. American Shoulder and Elbow Surgeons Closed Meeting podium, White Sulfur Springs, WV, October 2011.

7. Hsu SH, Boselli KJ, **Byram IR**, Vogel LA, Macaulay AA, Shillingford JN, Cadet ER, Bigliani LU, Ahmad CS, Levine WN. A prospective, randomized study of subscapularis tenotomy versus lesser tuberosity osteotomy during total shoulder arthroplasty. American Academy of Orthopaedic Surgeons Annual Meeting podium. San Francisco, CA, February 2012.

8. Redler, LH, **Byram IR**, Luchetti TJ, Tsui YL, Moen TC, Gardner TR, Ahmad CS. The influence of rotator cuff tear size and repair technique on creation and management of dog ear deformities in a transosseous equivalent rotator cuff repair model. American Shoulder and Elbow Surgeons Open Meeting podium, Chicago, IL, March 2013.

Scientific Presentations (Regional/Local):

1. **Byram IR**, Dunn WR, Kuhn JE. Humeral head abrasion: an arthroscopic finding in failed SLAP repairs. Tennessee Orthopaedic Society Annual Meeting podium. Nashville, TN September 2009.

2. **Byram IR**, Bushnell BD, Dugger K, Charron K, Harrell FE Jr, Noonan TJ. Preseason shoulder strength measurements in professional baseball pitchers: identifying players at risk for injury requiring surgery. Nashville Surgical Society. Nashville, TN January 2011.

3. **Byram IR**, Bushnell BD, Dugger K, Charron K, Harrell FE Jr, Noonan TJ. Preseason shoulder strength measurements in professional baseball pitchers: identifying players at risk for injury requiring surgery. Vanderbilt Orthopaedic Society. Sandestin, FL May 2011.

4. **Byram IR**, Dunn WR, Kuhn JE. Humeral head abrasion: an arthroscopic finding in failed SLAP repairs. Vanderbilt Orthopaedic Society. Sandestin, FL May 2011.

5. **Byram IR**, Khanna K, Gardner TR, Ahmad CS. Characterizing bony tunnel placement in medial ulnar collateral ligament reconstruction utilizing patient specific three-dimensional CT modeling. West Point Fellows Research Day. West Point, NY June 2012.

6. **Byram IR**, Khanna K, Gardner TR, Ahmad CS. Characterizing bony tunnel placement in medial ulnar collateral ligament reconstruction utilizing patient specific three-dimensional CT modeling. Columbia University Grand Rounds. NY, NY June 2012.

Lectures/Presentations

1. The shoulder: exam and pathology. Vanderbilt Health Williamson CME. Franklin, TN. November 1, 2012.

2. The shoulder: exam, pathology, and when to refer. STAR physical therapy athletic trainer CME. Nashville, TN. January 7, 2013.

3. The shoulder: exam, pathology, and when to refer. Results physical therapy. Franklin, TN. February 7, 2013.

4. Healthy ways to exercise and stay active. National walking day presentation, Longview recreational center. Spring Hill, TN. April 3, 2013.

5. The shoulder: common disorders and treatments. Tennessee impairment evaluation seminar, AMA guides, 6th ed. Nashville, TN. April 6, 2013.

6. Current concepts in total shoulder arthroplasty. Vanderbilt sports medicine fellow education lectures. Nashville, TN. April 9, 2013.

7. Cervical spine injuries in sports and return to play. Vanderbilt Orthopaedic Institute J William Hillman Lecture. Nashville, TN. April 18, 2013.

8. The shoulder: common disorders and treatments. Women in Medicine lecture series. Franklin, TN. June 20, 2013.

9. Healthy living and orthopaedic benefits of exercise. JL Clay senior citizens center. Franklin TN. November 2013.

10. Orthopaedic benefits of exercise and weight loss. ARx health lecture series. Franklin, TN. December 9, 2013

11. Patellofemoral pain and instability. Vanderbilt orthopaedic sports medicine resident education lecture. Nashville, TN. Dec 19, 2013, Dec 17, 2015, Dec 15 2016

12. Reverse total shoulder arthroplasty: tips of the trade, lecture and cadaveric dissection. 9th Annual Vanderbilt Hand and Upper Extremity Conference. March 28-29, 2014

13. Proximal humerus fractures. Vanderbilt sports medicine fellow education lecture. Nashville, TN. May 13, 2014.

14. Proximal humerus and scapular fractures. Vanderbilt orthopaedic sports medicine resident education lecture. Nashville, TN. May 29, 2014, May 11, 2016.

15. The shoulder: common disorders and treatments. Primary care education. Spring Hill, TN. June 23, 2014.

16. Avoiding sports injuries. Community health lecture. Brentwood, TN. June 25, 2014.

17. Common shoulder disorders, treatments, and physical exam. Vanderbilt physical therapy and athletic trainer in-service. Franklin, TN October 14, 2014

18. Arthroplasty for proximal humerus fractures. Tennessee Orthopaedic Trauma Symposium. Nashville, TN. November 1, 2014.

19. The use of fluoroscopy in posterior augment glenoid implantation. Exactech Clinical Evaluator Team meeting. Las Vegas, NV. March 26, 2015.

20. Shoulder arthroplasty: current concepts and new advancements. Vanderbilt Orthopaedic Society. Kiawah Island, SC. April 16, 2015.

21. Shoulder arthroplasty: evidence based medicine and value. Vanderbilt orthopaedic resident education lecture. Nashville, TN. April 30, 2015. Vanderbilt sports medicine fellow education lecture. Nashville, TN. May 12, 2015.

22. Reverse total shoulder replacement: current concepts. 7th annual STAR physical therapy orthopaedic summit. Nashville, TN. June 7, 2015.

23. Shoulder arthroplasty – Approaches and techniques. Vanderbilt resident education lectures and cadaver lab. Nashville, TN. July 18, 2015.

24. Shoulder disorders and treatments. ACE fitness educational series. Nashville, TN. September 30, 2015.

25. Common shoulder disorders and reverse total shoulder arthroplasty. Results Physical Therapy lecture series. Franklin, TN. October 6, 2015.

26. The painful shoulder and elbow: common disorders and treatments. Tennessee Physical Therapy Association state meeting. Franklin, TN. April 9, 2016.

27. Arthroplasty for proximal humerus fractures. Vanderbilt Orthopaedic Society annual meeting. Nashville, TN. April 15, 2016.

28. Proximal humerus fractures. Vanderbilt residency lecture series sports curriculum. Nashville, TN. April 21, 2016, April 13, 2017.

29. Proximal humerus plating has improved patient outcomes. ACESS annual meeting. Tabernash, CO. July 30, 2016.

30. Acromioclavicular pathology, glenohumeral arthrosis, and proximal humerus fractures. Physical Medicine and Rehabilitation residency lecture. November 10, 2016.

31. Reverse total shoulder arthroplasty: expanding indications, pearls and pitfalls. AOAO annual meeting. Nashville, TN. April 28, 2017

32. Clavicle and proximal humerus fractures. Vanderbilt Sports Medicine fellow lectures. Nashville, TN. May 3, 2017

33. Innovations in total shoulder arthroplasty. Exactech Medical Education. Nashville, TN. November 3, 2017

34. Glenoid exposure: Approach and techniques. Exactech Medical Education. November 3, 2017.

INVITED GRAND ROUNDS:

1. Current concepts in total shoulder arthroplasty. University of Alabama at Birmingham Department of Orthopaedic Surgery. Birmingham, AL November 15, 2011.

2. Shoulder and elbow trauma. Williamson Medical Center Department of Emergency Medicine. Franklin, TN October 15, 2015.

POSTER EXHIBITS:

1. **Byram IR**: Tenwek hospital – an international orthopaedic experience. Mid-America Orthopaedic Association. Austin, TX April 2010.

2. **Byram IR**, Khanna K, Gardner TR, Ahmad CS. Characterizing bony tunnel placement in medial ulnar collateral ligament reconstruction utilizing patient specific three-dimensional CT modeling. Poster presentation, American Orthopaedic Society for Sports Medicine Annual Meeting, July 2012.

MULTIMEDIA:

1. Byram IR, Vorys GS, Ahmad CS. Medial Ulnar Collateral Ligament Reconstruction – Docking Technique. VuMedi.com.

CORY L. CALENDINE
615/791-2630
Email: cory.calendine@bjit.org

4323 Carothers Parkway, Suite 409 Franklin, TN 37067

2018 to present **ATTENDING, BONE AND JOINT INSTITUTE OF TENNESSEE.** WMC. Franklin, TN

2015 to present **FOUNDING MEMBER.** Brass Lantern Consulting Group, LLC. Brentwood, TN.
--. **Surgeon Consultant.** Stryker Orthopaedics.
--. **Advisory Board Member.** Claiborne & Hughes.

2012 to present **ELITE REVIEWER.** Journal of Arthroplasty.

2011 to present **CHIEF OF THE DIVISION OF ORTHOPAEDIC SURGERY.** Williamson Medical Center.

2009 to 2018 **ASSISTANT PROFESSOR OF CLINICAL ORTHOPAEDICS.** Vanderbilt Bone & Joint.

2007 to 2009 **ATTENDING ORTHOPAEDIC SURGEON.** Franklin Bone & Joint Clinic. Franklin, TN

EDUCATION

2006 to 2007 **ADULT RECONSTRUCTION FELLOWSHIP.** Anderson Orthopaedic Clinic, Alexandria, VA

2001 to 2006 **ORTHOPAEDIC SURGERY RESIDENCY.** Vanderbilt University Medical Center, Nashville, TN.

1997 to 2001 **DOCTOR OF MEDICINE.** University of Tennessee, College of Medicine, Memphis.TN With Highest Honors.

1993 to 1996 **BACHELOR OF SCIENCE in Biology.** Freed-Hardeman University, Henderson, TN. Summa Cum Laude. major biology, minor chemistry.

PROFFESSIONAL CONTRIBUTIONS

Calendine C. Invited International Faculty. Chinese Hip Society/AAHKS Co-branded Meeting. Guiyang Prov, China. May 1-4, 2018

Calendine C. Invited Faculty. **3rd Annual HCA Joint Replacement Symposium.** Music City Center, Nashville, TN. September 29, 2017.

Calendine C. "Robotics and Orthopaedics: One Human's Perspective". **TENNESSEE ORTHOPAEDIC SOCIETY.** Nashville, TN. August 26, 2017.

Calendine C. "Robotics and Orthopaedics: One Human's Perspective". **VANDERBILT ORTHOPAEDIC SOCIETY.** Nashville, TN. April 16, 2016.

Calendine C. "Robotic Orthopaedics". **GRAND ROUNDS, BEAUMONT.** Oakland University. Royal Oak, MI. February 5, 2016.

Calendine C. "Modular Primary Hip Stems". **MUSIC CITY TOTAL JOINT SYMPOSIUM.** Nashville, TN. September 2013.

Calendine C. "Patient Specific Instruments". **MUSIC CITY JOINT REPLACEMENT CONFERENCE.** Nashville, TN. September 2012.

Calendine C. "Advanced Imaging Arthoplasty". **HILLMAN LECTURE SERIES.** Vanderbilt University Medical Center, Nashville, TN. May 2010.

Calendine C, Fricka, K: "How do you manage acute extensor mechanism disruptions?" In Della Valle CJ BachBR ***Curbside Consultatin in Knee Arthroplasty***. Thorofare, NJ: Slack Inc; 2008:137-140.

Engh CA, Ho H, **Calendine C**. "Implant Wastage Cost during Joint Arthroplasty" Poster. **AMERICAN ASSOCIATION OF HIP AND KNEE SURGEON Annual Meeting**, Dallas, TX, November 2007.

Hamilton W, **Calendine C**. Beykirch S, Hooper R, Engh C. "Acetabular Fixation Options: First Generation Modular Cups Curtain Calls and Caveats" **JOURNAL OF ARTHROPLASTY**. 2007 Jun;22(4 Suppl 1):75-81.

Calendine C, Shinar A. "Surgical technique to reduce perioperative fractures of the greater trochanter following THA" Presenter: A Shinar. **SOUTHERN ORTHOPAEDIC ASSOCIATION**. Paradise Island, Bahamas, July 2006.

Shinar A, **Calendine C**, Hamilton A. "Improved accuracy of acetabular componment position and leg lengths with the two-incision total hip replacement technique" Presenter: A Shinar. **SOUTHERN ORTHOPAEDIC ASSOCIATION**. Paradise Island, Bahamas, July 2006.

Shinar A, **Calendine C**, Hamilton A. "Improved accuracy of acetabular componment position and leg lengths with the two-incision total hip replacement technique" **HIP INTERNATIONAL** 2006 Apr-June 16 (S-4):S23-27.

Calendine C, Shinar A. "Early results of the two incision technique for total hip arthroplasty: a case-control investigation" Presenter: C Calendine. **VANDERBILT ORTHOPAEDIC SOCIETY**. Hilton Head, SC, May 2006.

Research Assistant, **NATIONAL INSTITUTES OF HEALTH, NIAID** Bethesda, MD. June to Aug 1998.
Advisor: Sundarajan Venkatesan, M.D.

--. "Analysis of the Effect of CCR5 Deletion Mutant Delta32 on the Functional Expression of the Wild Type Allele in HIV Infection" presented at NIH Poster Day 1998.

--. "Differential Modulation of CCR5 and CXCR4 and MHC Class I by HIV and SIV *Nef* Proteins: Implications for HIV Tropism and Pathogenesis" presented at 10th Annual International Congress of Immunology, New Deli, India. November 1998.

Clinical Trial Investigator, **CLEVELAND CLINIC FOUNDATION** Cleveland, OH. Aug 1996 to May 1997.
Advisor: Michael L. Macknin, M.D. chairman of general pediatrics

--. "Zinc Gluconate Lozenges for Treating the Common Cold in Children: A Randomized Controlled Trial" JAMA. 1998 June 24;279(24);1962-7.

PROFESSIONAL LICENSING

Diplomate, American Board of Orthopaedic Surgeons.
Certified July 23, 2009 – December 31, 2019.

Tennessee Medical License MD0000038613
Issued: April 20th, 2004 Status: Active

SELECTED AWARDS AND HONORS

- **American Medical Association (AMA) PHYSICIAN RECOGNITION AWARD**, 2009.
- **ALPHA OMEGA ALPHA**, inducted 2000.
- **MARTIN LUTHER KING, JR. COMMUNITY OF MAN AND GOD SCHOLARSHIP** recipient. Acknowledges academic achievement and strength of character.
- **HONORABLE MENTION**, "Ankle Fractures" American Academy of Orthopaedic Surgeons Resident Case Authors' Competition, 2003. Acknowledging development of multimedia educational modules.
- **GOOCH SCHOLAR**, inducted 2000. Acknowledges excellence in academic performance.
- **IMHOTEP SOCIETY**, inducted 2000. Acknowledges leadership and community involvement at UT Memphis.

SELECTED ACTIVITIES

member, **AAHKS Industry Relations Committee**, American Association of Hip and Knee Surgeons, 2017-present

co-chair, **Williamson Medical Center CJR Steering Committee**, 2016-present.

member, **Educational Committee**, Department of Orthopaedic Surgery, 2003-2005/2009-present

board of directors, **Adoption Hope Foundation**, 2011-present

academic CME program chair, **Vanderbilt Orthopaedic Society**, 2011.

resident liaison, **American Academy of Orthopaedic Surgeons**, 2005-2006

mentor, **Y.E.S. "Young Ebony Scientists" Mentoring Program**, 1998-2001.

member, **Medical Student Executive Council** 1998- 2001.

master of ceremonies, **Caduceus Ball** 1999.

PROFESSIONAL AFFILIATIONS

member, **American Academy of Orthopaedic Surgeons**

member, **American Association of Hip and Knee Surgeons**

resident member, **Orthopaedic Trauma Association**

member, **American Medical Association**

HOBBIES

golf, movies, racquetball, youth ministry, weightlifting

CURRICULUM VITAE
RONALD G. DERR, D.O.

OFFICE ADDRESS:

Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067

EDUCATION:

Upper Sandusky High School
Upper Sandusky, Ohio
1975

The Ohio State University
Columbus, Ohio
B.S., Food Science and Nutrition
College of Agriculture, December 1979
1975-1979

The Ohio State University
Columbus, Ohio
Continuing Education
1981-1982

Ohio University
College of Osteopathic Medicine
Athens, Ohio
Doctor of Osteopathy
1983-1988

Ohio University
College of Osteopathic Medicine
Athens, Ohio
Predoctoral Family Practice fellowship
1986-1988

PROFESSIONAL TRAINING:

Internship – General Rotating
Doctors Hospital of Stark County
Massillon, Ohio
7/88 – 6/89

Residency – Orthopaedic Surgery
Doctors Hospital of Stark County
Massillon, Ohio
7/89 – 7/93

CURRICULUM VITAE CONTINUED

RONALD G. DERR, D.O.

Orthopaedic Sports Medicine Fellowship
American Sports Medicine Institute
Birmingham, Alabama
Lawrence Lemak, MD, James Andrews, MD, William Claney, MD
8/93 – 7/94

Orthopaedic Adult Reconstruction Fellowship Training
American Sports Medicine Institute
Birmingham,Alabama
Kenneth Bramlett, MD
8/94 – 12/94

Adult Foot and Ankle Fellowship
Cincinnati, Ohio
James A. Amis, M.D.
1/96 – 7/96

PRACTICE EMPLOYMENT:

Center for Orthopaedic Surgery
(Partner – James T. Violet, D.O.)
3025 Whipple Avenue, NW
Canton, Ohio 44718
1/95 – 12/95

Vanderbilt Bone & Joint Clinic
206 Bedford Way
Franklin, TN 37064
9/96 to present

MEDICAL LICENSE:

State of Ohio, 34-00-4812
State of Tennessee, 1164

CERTIFICATION:

Board Certified in Orthopaedic Surgery
9/29/1999

PROFESSIONAL ORGANIZATIONS:

American College of Osteopathic Surgeons
American Osteopathic Association of Orthopaedics
Tennessee Osteopathic Medical Association
American Osteopathic Association
Williamson County Medical Society
American Orthopaedic Foot & Ankle Society

CURRICULUM VITAE CONTINUED

RONALD G. DERR, D.O.

PUBLICATIONS:

Stern, PJ, Derr R: Non-osseous complications following distal radius fractures, Iowa Orthopaedic Journal, 13:63-69, 1993.

Bramlett K, Derr RG: Foot and Ankle Injuries. In *On the Field Evaluation And Treatment of Common Athletic Injuries*. Edited by J. Andrews and W. Clancy. Mosby (pending publication).

LECTURES / CONFERENCES:

Injuries in Baseball Course – Shoulder anatomy dissection (co-presenter)
Sponsored by "American Institute of Sports Medicine
Birmingham, Alabama
01-22-1994

Alabama Sports Medicine and Orthopaedic Center (Fellows Friday Conference); "Tendon Response to Injury"
Birmingham, Alabama
02-12-1994

Alabama Family Practice Association – Annual Meeting
"Arthroscopic Subacromial Decompression"
Birmingham, Alabama
03-05-1994

Alabama Trainers Association – Keen dissection course
Co-presenter of knee dissection and knee exam
Birmingham, Alabama
04-23-1994

Orthopaedic Residency Training Program – Doctors Hospital
"Biomechanics of the Foot"
Massillon, Ohio
01-30-1995

Orthopaedic Residency Training Program – Doctors Hospital
"Trivector Retaining Arthrotomy of the Knee"
Massillon, Ohio
03-28-1995

Housestaff Noon Lecture – Doctors Hospital
"Acromioclavicular Joint Injuries"
Massillon, Ohio
04-26-1995

Louisville High School Annual Coaches Conference
"Assessment of Acute Injuries of the Upper Extremity"
Louisville High School, Louisville, Ohio
06-08-1995

Orthopaedic Residency Training Program – Doctors Hospital
"Avascular Necrosis of the Hip vs. Transient Osteoporosis"
Massillon, Ohio
07-11-1995

Ohio High School Football Coaches Conference
"Non-life Treatening Injuries of the Upper Extremity"
Massillon High School, Massillon, Ohio
07-13-1995

Orthopaedic Residency Training Program – Doctors Hospital
"Meniscoid Lesions of the Ankle"
Massillon, Ohio
09-05-1995

American College of Osteopathic Surgeons – Annual Clinical Assembly Sports Medicine Section
"Meniscoid Lesions of the Ankle"
New Orleans, Louisiana
09-16-1995

Stark County – Licensed Practical Nurses Association
"What is Sports Medicine"
Doctors Hospital, Massillon, Ohio
11-07-1995

Orthopaedic Residency Training Program – Doctors Hospital
"Ankle Arthroscopy"
Massillon, Ohio
12-12-1995

CompNet of Dickson County
"Painful Conditions of the Feet"
Horizon Hospital, Dickson, Tennessee
03-20-1997

Nachez Ladies Gold Society
"Painful Conditions of the Feet"
Natchez Country Club, Franklin, Tennessee
01-22-1998

Brentwood YMCA
"Painful Conditions of the Feet"
Brentwood, Tennessee
03-26-1998

Faculty Lecture – 3rd Annual Open and Arthroscopic Cadaveric Course
"Shoulder Arthroscopy – Indications and Complications"
Rosemont, Illinois
03-09-2000

Lecture Star Physical Therapy
"Surgical Treatment of Anterior Knee Pain"
10-14-2000

SPORTS TEAM ASSOCIATIONS: Ohio High School Athletic Association – site Physician Football Playoffs.
Fawcett Stadium, Canton, Ohio
1992

Hewitt-Trustville H.S. (division 6A), Trustville, Alabama
1993-1994

Samford University (NCAA 1-AA), Birmingham, Alabama (co-physician Under Dr. Lawrence Lemak)
1993-1994

Auburn University (NCAA 1-A), Auburn, Alabama (co-physician under Dr. Lawrence Lemak)
1993-1994

Birmingham Barons Professional Baseball (Class AA farm team of The Chicago White Sox), (co-physician under Dr. Lawrence Lemak),
Birmingham, Alabama
1994

Birmingham Bulls Professional Hockey (farm team of the Florida Panters), (co-physician under Dr. Lawrence Lemak)
Birmingham, Alabama
1993-1994

Moody H.S. (division 4A), Moody, Alabama
1994 (Fall)

RONALD G. DERR, D.O.

Ohio High School Athletic Association – site Physician Swimming State Finals, McKinley Natatorium, Canton, Ohio
02-24-1995

Ohio High School Athletic Association – site Physician Basketball Sectional, district, regional boys and girls playoffs, Canton, Ohio
1995

Fairless H.S. (division 4), Navarre, Ohio
1995

Walsh University (NAIA division 2), Canton, Ohio
1995

High School Athletic Association – site Physician Football regional Playoffs, Canton, Ohio

Franklin H.S. (all sports), Franklin, Tennessee
1996 to 2000

Tennessee Rhythm – Professional Soccer Team – Team Physician
2000

Ravenwood H.S. – Team Physician
2001 – 2009
2011 – Present

Curriculum Vitae
John W. Klekamp, MD

Date of Birth: July 12, 1964
Cincinnati, Ohio

Licensure: Tennessee License: MD022166

Practice Experience:

Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067
03/21/2018 to Present

Vanderbilt Bone & Joint Clinic
206 Bedford Way
Franklin, TN 37064
11/30/04 – 03/20/2018

Piedmont Orthopaedic Associates, P.A.
35 International Drive
Greenville, SC 29615-4816
9/1/98 – 9/30/04

Education:

Wake Forest University, 1982 – 1983
Winston-Salem, North Carolina

Miami University
Oxford, Ohio
B.S. Zoology, Minor – Spanish - 1983 – 1986
Honors/Activities: Dean's List; Atlanta Alumni Academic Scholarship; Delta Tau Delta Scholarship; Miami Medical Honor Society; Phi Sigma Biology Honor Society, Delta Tau Delta, Finance Committee Chairman; Spanish Club.

Mercer University School of Medicine
Macon, Georgia
Medical Doctor, 1986 – 1990
Honors / Activities: Alpha Omega Alpha Honor Society; Class President 1989-1990

Vanderbilt University Medical Center
Nashville, Tennessee
Internal Medicine - Internship / Residency, 1990–1992

Vanderbilt University Medical Center
Nashville, Tennessee
Internship / General Surgery, 1992-1993

Vanderbilt University Medical Center
Nashville, Tennessee
Orthopaedics and Rehabilitation - Internship / Residency, 1992-1997

Emory Spine Center
Decatur, Georgia
Spine Fellowship, 1997 – 1998

Curriculum Vitae Cont'd
John W. Klekamp, MD

Appointment(s):

Clemson University,
Clemson, South Carolina
Adjunct Assistant Professor of Bioengineering
College of Engineering and Science, Bioengineering Department,
May 10, 1999 - 2004

Furman University - Team Physician
Greenville Growl Hockey Team - Team Physician
Greenville, South Carolina

Greenville Memorial Hospital – Spine Surgery
Instructor - Department of Orthopedics

Medical Expeditions International – Medical Director
Volunteer - International Medical Mission Group

Williamson Medical Center
Quality Assurance Committee 2005 to Present

Williamson County Chamber of Commerce
Board of Directors 2007, 2008

Williamson Medical Center
Chairman of Surgery 2010 – 2014

Tennessee Orthopaedic Society Board of Directors 2014

Vanderbilt University Medical Center – Associate Professor of Orthopaedics
2009 – 2018

President Bone and Joint Institute of Tennessee 2018

Honors / Awards:

American College of Physicians - Merck Young Investigator Award
New Orleans, Louisiana, 1991

Vanderbilt Orthopaedic Society - Best Resident Paper Award
Destin, Florida, 1997

Alpha Omega Alpha Medical Honor Society

Memberships:

American Medical Association
Vanderbilt Orthopaedic Society
American Academy of Orthopaedic Surgeons
North American Spine Society

Curriculum Vitae Cont'd
John W. Klekamp, MD

Active Staff: Williamson Medical Center
Franklin, Tennessee

Publications:

Book Chapter: Heller, John. Klekamp, JW: Posterior Cervical Instrumentation In Emery, SE, Boden, SD, Surgery of the Cervical Spine. Philadelphia, Saunders, 2003, pp 52-75.

Journal Articles Published:

Klekamp, J.: "Advantages and Disadvantages of Problem Based Learning" Journal of Pathology Education 13 (1): 41-42, 1988.

Parish, D.C., Klekamp, J.W., Wynn, L.J.: "Arteriographic Incidence of Coronary Artery Disease in Black Men with Chest Pain" Southern Medical Journal 87 (1): 33-37, 1994, Jan.

Klekamp, J., Green, N.E., Mencio, G.: "Osteochondritis Dissecans as a Cause of Developmental Dislocation of the Radial Head" Clinical Orthopaedics and Related Research (338): 36-41, 1997, May.

Klekamp, J., Green, N.E.: "Paravertebral Soft Tissue Inflammation Mistaken for Tumor or Abscess" Journal of the Southern Orthopaedic Association 6(2): 81-7, 1997, Summer.

Klekamp, J., McCarty E., Spengler, D.M. "Results of Elective Lumbar Discectomy for Patients Involved in the Workers' Compensation System" Journal of Spinal Disorders 11(4): 277-82,1998, Aug.

Klekamp, JW, DiPersio, D, Haas, DW. "No Influence of Large Volume Blood Loss on Serum Vancomycin Concentrations During Orthopedic Procedures" Acta Orthopaedica Scandinavica 70(1): 47-50, 1999, Feb.

Klekamp, J., Dawson, JM, Haas, DW, DeBoer, D, Christie, M. "The Use of Vancomycin and Tobramycin in Acrylic Bone Cement: Biomechanical Effects and Elution Kinetics for Use in Joint Arthroplasty" Journal of Arthroplasty 14(3): 339-46,1999, Apr.

Klekamp, J., Spengler, DM, McNamara, MJ, Haas, DW, "Risk Factors Associated with Methicillin-resistant Staphylococcal Wound Infection after Spinal Surgery" Journal of Spinal Disorders 12(3): 187-91, 1999, Jun.

Klekamp, JW, Ugbo, JL, Heller, JG, Hutton, WC. "Cervical Transfacet Versus Lateral Mass Screws: A Biomechanical Comparison" Journal of Spinal Disorders 13(6): 515-8,2000, Dec.

Submitted for publication: Klekamp, J., Shirley, B., "Prospective Pulmonary Function Test in Patients treated with Anterior Spinal Arthrodesis using the Thoracolumbar Approach".

Klekamp, JW, McCracken, S., McNamara, MJ, Lee, GT. "Characterization of Intraoperative Neurophysiologic Changes Due to Vascular Compresion during Anterior Lumbar Surgery." The Spinal Journal, Volume 8, No. 5S, pp 195S-20S.

Curriculum Vitae Cont'd
John W. Klekamp, MD

Abstracts:

Sedghi, S., Klekamp, J., Holmes, E., Keshavarzian, A.: "The Role of Intestinal Permeability and Reactive Oxygen Metabolites in Mitomycin – Induced Colitis in Rats" American College of Physicians, New Orleans, Louisiana, 1991.

Parrish, D., Klekamp, J.: "Arteriographic Incidence of Coronary Artery Disease in Black Men with Chest Pain" American College of Physicians, New Orleans, Louisiana, 1991.

Klekamp, J. Haas, D., DeBoer, D., Dawson, J., Christie, M. J.: "Biomechanical Effects, Elution Kinetics, and Antibacterial Activities of Vancomycin and Tobramycin in Polymethyl Methacrylate and Effects of Vacuum Mixing" Musculoskeletal Infection Society, Snowmass, Colorado, 1995.

Klekamp, J., Green, N., Mencio, G.: "Osteochondritis Dissecans of the Capitellum as a Cause for Developmental Dislocation of the Radial Head" Pediatric Orthopedic Society of North America, Scottsdale, Arizona, 1996.

Klekamp, J., Green, N., Mencio, G.: "Osteochondritis Dissecans of the Capitellum as a Cause for Developmental Dislocation of the Radial Head" Southern Medical Orthopedic Society Meeting, Edinburgh, Scotland, 1996.

Klekamp, J., McCarty, E., Spengler, D.: "Results of Lumbar Discectomy Comparing Different Compensation Groups" North American Spine Society, Vancouver, Canada, 1996.

Klekamp, J., McCarty, E., Spengler, D.: "Results of Lumbar Discectomy Comparing Different Compensation Groups" Danek Research Forum, New Orleans, Louisiana, 1996.

Klekamp, J., McCarty, E., Spengler, D.: "Results of Lumbar Discectomy Comparing Different Compensation Groups" American Academy of Orthopaedic Surgeons, San Francisco, California, 1997.

Klekamp, J., Haas, D., McNamara, M., Spengler, D.: "Risk of Postoperative Spine Wound Infection: A Case Controlled Analysis" Musculoskeletal Infection Society Meeting, Snowmass, Colorado 1997.

Klekamp, J., Shirley, B., "Prospective Pulmonary Function Test in Patients treated with Anterior Spinal Arthrodesis using the Thoracolumbar Approach" Submitted to Scoliosis Research Society, Buenos Aires, Argentina, 2004.

"Characterization of Intraoperative Neurophysiologic Changes Due to Vascular COmpresion during Anterior Lumbar Surgery." John W. Klekamp, M.D., 23rd Annual North American Spine Society Meeting, Toronto, Canada, October 15, 2008.

Scientific Presentations:

Katner, H., Klekamp, J.: "Effectiveness of outpatient Management of HIV in Central Georgia" Seventh International Conference on AIDS, San Francisco California, 1991.

Katner, H. Klekamp, J.: "Epidemiology of AIDS in Rural Georgia" Seventh International Conference on AIDS, San Francisco California, 1991.

Klekamp, J. Parrish. D.: "Arteriographic Incidence of Coronary Artery Disease in Black Males with Chest Pain" American College of Physicians, New Orleans, Louisiana, 1991.

Klekamp, J. Cardiovascular Disease: "Impact on Black Americans" Nashville Veterans Administration Hospital Black History Month Presentation, Nashville, Tennessee.

Klekamp. J., Haas, D. DeBoer, D., Dawson, J., Christie, M.: "Biomechanical Effects, Elution Kinetics and Antibacterial Activities of Vancomycin and Tobramycin in Polymethyl Methacrylate" Musculoskeletal Infection Society Meeting, Snowmass, Colorado, 1995.

Klekamp, J., McCarty, E., Spengler, D.: "Results of Lumbar Discectomy Comparing Different Compensation Groups" North American Spine Society, Vancouver, Canada, 1996.

Klekamp, J., McCarty, E., Spengler, D.: "Results of Lumbar Discectomy Comparing Different Compensation Groups" Danek Research Forum, New Orleans, Louisiana, 1996.

Klekamp, J., McCarty, E., Spengler, D.: L "Results of Lumbar Discectomy Comparing Different Compensation Groups" American Academy of Orthopedic Surgeons, San Francisco, California, 1997.

Klekamp, J., Haas, D. DeBoer, D., Dawson, J., Christie, M: "Biomechanical Effects, Elution Kinetics and Antibacterial Activities of Vancomycin and Tobramycin in Polymethyl Methacrylate" Vanderbilt Orthopedic Society Meeting, Destin, Florida, 1997.

Klekamp, J., "The Indications for Imaging of the Cervical and Lumbar Spine" Instructional Lectureship, "Primary Care of the Spine in a Managed Care Setting" Vanderbilt University Medical Center Continuing Medical Education, December 1997.

Klekamp, J., McCarty, E., Spengler, D.M., "The Effects of Workers Compensation on Outcome of Lumbar Discectomy" Poster Presentation, 10th Combined Orthopaedic Associations Meeting 1998, Aukland, New Zealand, February 1998.

Klekamp, JW, Ugbo, JL, Heller, JG, Hutton, WC. "Cervical Transfacet Versus Lateral Mass Screws: A Biomechanical Comparison" North American Spine Society, October 1999.

Klekamp, JW, Ugbo, JL, Heller, JG, Hutton, WC. "Cervical Transfacet Versus Lateral Mass Screws: A Biomechanical Comparison" Cervical Spine Research Society, December 1999.

Jeffrey Ian Kutsikovich, MD

822 WOODBURN DRIVE, BRENTWOOD, TENNESSEE 37027
PHONE: (216) 338-1256 • EMAIL: KUTSIKOVICH@GMAIL.COM

EMPLOYMENT

Bone and Joint Institute of Tennessee — 2018 - Present
Hand and Upper Extremity Specialist

Vanderbilt Bone and Joint, Franklin TN — 2016-2018
Assistant Professor of Orthopaedic Surgery at Vanderbilt University Medical Center

EDUCATION

Indiana Hand to Shoulder Center, Indianapolis, IN — 2016
Hand Fellowship

University of Tennessee Heath Science Center – Campbell Clinic, Memphis, TN — 2015
Orthopaedic Surgery Residency

The Ohio State University College of Medicine, Columbus, OH — 2010
MD, magna cum laude

Case Western Reserve University, Cleveland, OH — 2006
Bachelor of Arts with Majors in Biology and Economics, summa cum laude

PROFESSIONAL LICENSURE

Board Eligible for the American Board of Orthopaedic Surgery — 2015
Passed Part I of ABOS Examination, scored in the 94th percentile

Tennessee State Medical License — 2016

PUBLICATIONS

Kutsikovich JI, Hopkins CM, Gannon EW, Beaty JH, Spence DD, Warner WC, Sawyer JR, Kelly DM. Factors that predict instability in pediatric diaphyseal forearm fractures. Journal of Pediatric Orthopaedics B. 2017 Nov 2

POSTERS AND PRESENTATIONS

Kutsikovich JI, Merrell, GA. Does Ultrasound Increase the Accuracy of Injection into the First Dorsal Compartment? A Cadaveric Study. Podium Presentation. Annual Meeting of the American Academy of Orthopaedic Surgeons. San Diego, CA. March 2017.

Kutsikovich JI, Hopkins CM, Gannon EW, Beaty JH, Spence DD, Warner WC, Sawyer JR, Kelly DM. Factors that predict instability in pediatric diaphyseal forearm fractures. E-poster. 70th Annual Meeting of the American Society for Surgery of the Hand. Seattle, WA. September 2015.

Kutsikovich JI, Kurozumi K, Kaur B, Chiocca EA. Understanding the buildup of Onco-Viro resistance in tumors treated with oncolytic viral therapy. Poster Presentation. The Ohio State University Medical Center Annual Research Day. April 2008.

Jeffrey Ian Kutsikovich, MD

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PHONE: (216) 338-1256 • EMAIL: KUTSIKOVICH@GMAIL.COM

Kurozumi K, Alvarez-Breckenridge C, Hardcastle J, **Kutsikovich JI**, Chiocca EA, Kaur B. Oncolytic viral therapy sensitizes glioma cells to Cilengitide treatment. The Ohio State University Comprehensive Cancer Center Annual Scientific Meeting. January 2008.

Predina J, Snavely K, **Kutsikovich JI**, and Brocone M. *Examination of Insect Foot and Body Actions Integral* to Effective Climbing. Case Western Reserve University. SOURCE Symposium for Undergraduate Research. April 2006.

PROFESSIONAL SOCIETY MEMBERSHIP

American Society for Surgery of the Hand 2015
Candidate Member

American Academy of Orthopaedic Surgeons 2010
Candidate Member

Alpha Omega Alpha, The Ohio State University College of Medicine 2010

Phi Beta Kappa, Case Western Reserve University 2006

AWARDS/HONORS

Lee W. Milford Award for Excellence in Orthopaedic Surgery 2015

FOREIGN LANGUAGES SPOKEN

Russian, *Conversational*

HOBBIES / LEISURE ACTIVITIES

Golf, Skiing, Blues Guitar

COLIN G. LOONEY, M.D.

1724 Championship Blvd.
Franklin, TN 37064
(615) 828-6215 mobile
looney.colin@gmail.com

Clinical Interests

Sports Medicine; Knee, Hip and Shoulder Surgery; Hip Impingement; Hip Arthroscopy; MAKO Robotic-Assisted Hip and Knee Replacement

Current Position

BONE AND JOINT INSTITUTE OF TENNESSEE, Franklin, Tennessee
Orthopaedic Surgeon
March 2018 – Present

- Fellowship-trained sports medicine physician
- Board certified in orthopaedic surgery
- Evaluate and treat patients with sports-related injuries and general orthopaedic problems throughout the greater Nashville area
- Perform orthopaedic surgical procedures at (outpatient) and Williamson Medical Center (inpatient/outpatient)
- Provide athletic coverage for Battle Ground Academy and Centennial High School

Previous Position

VANDERBILT BONE & JOINT, Franklin, Tennessee
Orthopaedic Surgeon; Assistant Professor of Clinical Orthopaedic Surgery
August 2007 – March 2018

- Fellowship-trained sports medicine physician
- Board certified in orthopaedic surgery
- Evaluate and treat patients with sports-related injuries and general orthopaedic problems throughout the greater Nashville area
- Perform orthopaedic surgical procedures at Vanderbilt Bone & Joint Surgery Center (outpatient) and Williamson Medical Center (inpatient/outpatient)
- Provide athletic coverage for Battle Ground Academy and Centennial High School

Education

STEADMAN HAWKINS CLINIC, Vail, Colorado
Sports Medicine Fellowship, August 2006 – July 2007

- Extensive subspecialized training with treating sports-related injuries, including ACL reconstruction, arthroscopic rotator cuff repair, shoulder stabilization, shoulder replacement, and hip arthroscopy for hip joint injuries
- Worked with U.S. Ski Team and Eagle County High School football team

DUKE UNIVERSITY MEDICAL CENTER, Durham, North Carolina
Orthopaedic Surgery Internship and Residency, June 2001 – June 2006

- Surgery internship and orthopaedic surgery residency training
- Resident team physician for Duke University and North Carolina Central University football and basketball teams, as well as Durham-area high school sports coverage

DUKE UNIVERSITY SCHOOL OF MEDICINE, Durham, North Carolina
Doctorate of Medicine, May 2001

- William G. Anylan Senior Scholarship
- Alpha Omega Alpha Honor Society
- Top 5% of graduating medical school class

WASHINGTON AND LEE UNIVERSITY, Lexington, Virginia
Bachelor of Science in Biology, June 1996

- Graduated Magna Cum Laude
- Phi Beta Kappa Honor Society

Grants and Fellowships

STEADMAN HAWKINS SPORTS MEDICINE FELLOWSHIP, Vail, Colorado
August 2006 – July 2007

ILIZAROV MINI-FELLOWSHIP AT THE RUSSIAN ILIZAROV SCIENTIFIC CENTER FOR RESTORATIVE TRAUMATOLOGY AND ORTHOPAEDICS, Kurgan, Siberia
August – October 2003

- Completed intensive course in use of the Ilizarov technique for correction of limb deformity and orthopaedic trauma

HOWARD HUGHES MEDICAL INSTITUTE RESEARCH FELLOWSHIP, Durham, North Carolina
1999 – 2000

- Research involving leukocyte adhesion molecules in ischemia/reperfusion injury
- Laboratory of James R. Urbaniak, M.D.

Experience

BATTLE GROUND ACADEMY TEAM PHYSICIAN, Franklin, Tennessee
2014 – present

- Provide orthopaedic coverage for football games and school athletes

CENTENNIAL HIGH SCHOOL TEAM PHYSICIAN, Franklin, Tennessee
2008 – present

- Provide orthopaedic coverage for football games and school athletes

IROQUOIS STEEPLECHASE EVENT PHYSICIAN, Nashville, Tennessee
2010 – present

- Provide orthopaedic coverage for event athletes at annual May event

NASHVILLE PREDATORS, Nashville, Tennessee
2013 – 2016

- Provide orthopaedic coverage for hockey games as an assistant to Dr. Kuhn

FRANKLIN RODEO EVENT PHYSICIAN, Franklin, Tennessee
May 13, 2010

- Provided orthopaedic coverage for event athletes

SEC WOMEN'S GYMNASTICS CHAMPIONSHIP EVENT PHYSICIAN, Nashville, Tennessee
March 21, 2009

- Provided orthopaedic coverage for event athletes

POINT-TO-POINT STEEPLECHASE EVENT PHYSICIAN, Nashville, Tennessee
March 15, 2009

- Provided orthopaedic coverage for event athletes

U.S. SKI TEAM PHYSICIAN, Vail, Colorado
Winter 2006-2007

- Served as Steadman Hawkins fellow physician for men's and women's U.S. ski teams while training in Vail, Colorado
- Responsible for assessment and treatment of sports injuries on the slopes

DUKE UNIVERSITY SPORTS MEDICINE, TEAM PHYSICIAN, Durham, North Carolina
June 2002 – June 2006

- Served as resident team physician for basketball and football
- Provided training room coverage for undergraduate sports
- Provided sports physicals for undergraduate and community high school athletics

NORTH CAROLINA CENTRAL UNIVERSITY, TEAM PHYSICIAN, Durham, North Carolina
June 2003 – June 2004

- Served as resident physician and coordinated coverage of football, cheerleading, track and field, and men's & women's basketball games
- Responsible for assessment and treatment of sports injuries in training room
- Provided sports physicals for team and individual sports

Publications

Colin G. Looney, MD, Brett Raynor, MD, Rebecca Lowe, PT, COMT. Adhesive Capsulitis of the Hip: A Review. **Journal of the American Academy of Orthopaedic Surgeons** Vol 21(12): 749-755, 2013.

J.W. Thomas Byrd, **Colin G. Looney**. Pelvis, Hip, and Thigh Injuries. **Netter's Sports Medicine** 48: 404-416, 2010.

Easley, Mark MD; **Looney, Colin MD**; Wellman, Samuel MD; Wilson, Joseph MD. Ankle Arthodesis Using Ring External Fixation. **Techniques in Foot and Ankle Surgery** 5(3): 150-163, 2006.

Colin G. Looney and Peter Millett. Rehabilitation for Rotator Cuff Tears. **Minerva Ortopedica E Traumatologica** 58: 125-35, 2007.

Li Zhang, **Colin G. Looney**, Wen-Ning Qi, Long-En Chen, Anthony Seaber, Jonathan Stamler, James R. Urbaniak. Reperfusion injury is reduced in skeletal muscle by inhibition of inducible nitric oxide synthase. **Journal of Applied Physiology** 94: 1473-1478, 2003.

Colin G. Looney, Li Zhang, Wen-Ning Qi, Long-En Chen, Anthony Seaber, Jonathan Stamler, James R. Urbaniak. Ischemia/Reperfusion in Skeletal Muscle is Reduced in L-selectin and CD18-Deficient Mice. Extended abstract published in the **Surgical Forum**, Volume LI, October 2000.

Other Media

Colin G. Looney, MD, and William I. Sterett, MD. Anterior Cruciate Ligament Reconstruction Using Achilles Allograft and Interference Screws. Instructional video produced in 2007. Distributed by AAOS.

Presentations

Hip Evaluation Techniques. Presented at Tennessee Athletic Trainers Society Annual Meeting, 2013.

Labral Tears and Hip Injuries in the Athlete. Presented at Tennessee Athletic Trainers Society Annual Meeting, 2011.

Early ACL Reconstruction following Combined ACL/MCL injuries. Poster presentation at American Academy of Orthopaedic Surgeons Annual Meeting, March 2008. Presented at Steadman Hawkins Scientific Advisory Committee meeting, July 2007.

The Anterior Interval Release for Infrapatellar Contractures. Presented at Steadman Hawkins Fellows Meeting, December 2006.

Radiographic Localization of Hip Impingement. Presented at J.R. Goldner Research Day, Duke University, May 2006.

Ischemia/reperfusion injury in skeletal muscle is reduced in L-selectin and CD18-deficient mice. Presented at American Society for Reconstructive Microsurgery, January 2002.

Reduction of ischemia/reperfusion injury in L-selectin and CD18-deficient mice. Poster presentation at Orthopaedic Research Society, January 2001.

Ischemia/reperfusion injury in skeletal muscle is reduced in L-selectin and CD18-deficient mice. Presented at American College of Surgeons Annual Clinical Congress, October 2000.

Ischemia/reperfusion injury in skeletal muscle is reduced in L-selectin and CD18-deficient mice. Presented at Howard Hughes Medical Institute, May 2000.

Grand Rounds Presentations

Shoulder Impingement Syndrome
Suprascapular Nerve Entrapment
Patellofemoral Disorders
Synovial Chondromatosis
Orthopaedic Spinal Infections
Acetabular Protrusio
Total Ankle Arthroplasty
Liposarcoma
Osteosarcoma
Pigmented Villonodular Synovitis of the Ankle
Compartment Syndrome
The Ilizarov Method

Honors/Awards

Howard Hughes Medical Institute Research Fellow, 1999-2000
William G. Anylan Senior Scholarship, 2001
Alpha Omega Alpha Honor Society, 2001
Dean's Recognition Award for excellence, Duke University School of Medicine, 2001
Secretary of Davison Council, Duke University School of Medicine governing body, 2000-2001
Honors in all clinical rotations, 1998-2001
Phi Beta Kappa, 1996
Wrestling Team Captain and A.E. Mathis War Memorial Wrestling Award, 1995-1996
Phi Eta Sigma Freshman Honor Society, 1993
Alpha Epsilon Delta Premedical Honor Society, 1995
NCAA Scholar Athlete, 1992-1996

Societies/ Certifications

American Board of Orthopaedic Surgery, Diplomate (Board Certified, 2009)
American Association of Orthopaedic Surgeons, Member
American Orthopaedic Society for Sports Medicine, Member (Certificate of Qualification)
Piedmont Orthopaedic Society, Member

Interests

Fly Fishing, Hunting, Backpacking, Biking, Canoeing, Kayaking

CURRRICULUM VITAE

Michael James McNamara, M.D.

The Bone and Joint Institute of Tennessee
Suite 409
4323 Carothers Parkway
Franklin, TN 37067

mmcnamara@bjit.org

EDUCATION

College:	The Johns Hopkins University Baltimore, Maryland B.A. Natural Science, 1980
Medical School	Duke University School of Medicine Durham, North Carolina M.D., 1984

POSTGRADUATE TRAINING

First Year Residency	General and Thoracic Surgery Duke University Medical Center Durham, North Carolina 1984-1985
Junior Assistant Residency	General and Thoracic Surgery Duke University Medical Center Durham, North Carolina 1985-1986
Residency	Orthopaedic Surgery Duke University Medical Center Durham, North Carolina
Chief Residency	Orthopaedic Surgery Duke University Medical Center Durham, North Carolina 1989-1990
Fellowship	Adult Spinal Disorders Department of Orthopaedics Vanderbilt University Medical Center Nashville, Tennessee 1990-1991

FACULTY POSITIONS

Instructor	Department of Orthopaedics and Rehabilitation Vanderbilt University Medical Center Nashville, Tennessee 1990-1991
Assistant Professor	Department of Orthopaedics and Rehabilitation Vanderbilt University Medical Center Nashville, Tennessee 1991-1995
Assistant Clinical Professor	Department of Orthopaedics and Rehabilitation Vanderbilt University Medical Center Nashville, Tennessee 1995-2000
Associate Professor	Department of Orthopaedics and Rehabilitation Vanderbilt University Medical Center Nashville, Tennessee 2009-2017

HOSPITAL POSITIONS

Chief of Surgery	Department of Surgery Williamson Medical Center Franklin, Tennessee 2005-2009 2014-Present

PRACTICE MANAGEMENT

President	The Bone and Joint Clinic, P.C. Franklin, Tennessee 2005-2009

Development Officer	Vanderbilt Univ. Medical Center Nashville, Tennessee 2009-2014

LICENSURE

Tennessee	#20153
Kentucky	#32922
North Carolina	#32402(inactive)

BOARD CERTIFICATION

American Board of Orthopaedic Surgery, July 9, 1993
Recertified 2001, Certificate valid through 2013
Recertified 2013, certificate valid through 2023

PROFESSIONAL ORGANIZATIONS

North American Spine Society, 1996-present
American Academy of Orthopaedic Surgery, 1994-present
Piedmont Orthopaedic Society, 1990-present
Vanderbilt Orthopaedic Society, 1991-present

CLINICAL TRIALS

IDE Investigation – Randomized study of Charite Prosthesis and Anterior Interbody Fusion. Principal Investigator. 1999-2004

HONORS AND AWARDS

All-America in Swimming, 1977, 1978, 1980

RESEARCH SUPPORT

The Stiffening Role of Cross-Linked Members on Screw Pull-out Strength, Acromed, Inc., , 1992

Biomechanical Study of Cross-Linked Members in Transpedicular Spinal Instrumentation. Danek Group, Inc., 1992.

Biomechanical Evaluation of Anterior Cervical Plating Systems. Sofamor-Danek, Inc., 1994

PUBLICATIONS

Journal Articles

McNamara MJ, Garrett Jr WE, Seaber AV, and Goldner JL: Neurotization Versus Nerve Grafts: A Functional Assessment. Surgical Forum 35:532-534, 1984

McNamara MJ, Seaber AV, and Urbaniak JR: Efficacy of Crystalloid Solutions as Vein Storage Media. Surgical Forum 36:529-531, 1985.

McNamara MJ, Seaber AV, and Urbaniak JR: Endothelial .Preservation by Irrigation Fluids. Surgical Forum 37:529-530, 1986.

McNamara MJ, Seaber AV, and Urbaniak JR: The Ef fect of Irrigation Fluids on Arterial and Venous Endothelium After Ischemia. Journal of Reconstructive Microsurgery 4:27-28, 1987.

Spritzer CE, Vogler JB, Martinez S, Garrett WE Jr., Johnson GA, McNamara MJ, Lohnes J, Herfkens RJ. MR Imaging of the Knee: Preliminary results with a 3DFT GRASS Pulse sequence. Amer. Jnl. Roentgenol. 150(3):597-603,1988.

McNamara MJ, Devito DP, and Spengler DM: Circumferential Fusion for the Management of Acute Cervical Spine Trauma. Journal of Spinal Disorders 4(4)467-471, 1991.

McNamara MJ, Stephens GC, and Spengler DM: Transpedicular Short Segment Fusions for Treatment of Lumbar Burst Fractures. Journal of Spinal Disorders 5(2):183-187, September 1992.

Stephens GC, Devito DP, and McNamara MJ: Segmental Fixation of Lumbar Burst Fractures with Cotrel-Dubousset instrumentation. Journal of Spinal Disorders 5(30):344-348, 1992.

McNamara MJ, Barrett KG, Christie MJ, Regan EQ, and Spengler DM: Lumbar Spinal Stenosis and Lower Extremity Arthroplasty. Journal of Arthroplasty 1993 June;8(3):273-7.

Stephens GC, Devito DP, McNamara MJ, Keller TS, and Spengler DM. Short Segment Transpedicular Cortrel-Dubousset Instrumentation: A Porcine Corpectomy Model. Journal of Spinal Disorders 6(3):252-255, 1993.

Gurwitz GS, Dawson JM, McNamara MJ, Federspiel CF, and Spengler DM: Biomechanical Analysis of Three Surgical Approaches for Lumbar Burst Fractures Using Short Segment Instrumentation. Spine 18(8)977-982, 1993.

Karpos PAG, Jones CK, McNamara MJ, and Spengler DM: Persistent Leak of Cerebrospinal Fluid after intrathecal administration of morphine in an operation on the lumbar spine. A report of two cases. Journal of Bone and Joint Surg. 76(6):916-8, 1994.

Stahlman GC, Wyrsh RB, McNamara MJ. Late-onset sternomanubrial dislocationwith progressive kyphotic deformity after burst fracture. J Orthop Trauma 1995; 9(4):350-3.

Klekamp JW, Spengler DM, McNamara MJ and Haas DW. Risks associated with Methicillin resistant Staphylococcal wound infection after surgery. J Spinal Disorder 1999 Jun; 12(3): 187-91.

BOOKS

Mallon WJ, McNamara MJ and Urbaniak JR: Orthopaedics for the House Officer. Baltimore: William and Wilkins, 1990.

ABSTRACTS

McNamara MJ, Garrett Jr. WE, Seaber AV, and Goldner JL: Neuromuscular Function Following Nerve Repair. Trans ORS 9 :23, 1984 .

McNamara MJ, Seaber AV, and Urbaniak JR: Deleterious Changes in Venous and Arterial Endothelium Caused by irrigation Fluids. American Society of Reconstructive Microsurgery

McNamara MJ, Seaber AV, Garrett Jr WE, and Goldner JL: Biomechanical and Histological Alteration in Muscle Following Reinnervation. Trans ORS 10:3, 1985

McNamara MJ, Seaber AV, and Urbaniak JR: Ultrastructural Analysis of Arterial Endothelial Changes Caused by irrigation Fluid. Trans ORS 10:250, 1985.

McNamara MJ, Garrett Jr WE, Seaber AV, and Goldner JL: Long Term Recovery of Muscle Function Following Nerve Reconstruction. Trans ORS 11:61, 1986.

McNamara MJ, Seaber AV, and Urbaniak JR: The Efficacy of Crystalloid Irrigation Solutions as vein Storage Media. Trans ORS 11:190, 1986

McNamara MJ, Seaber AV, and Urbaniak JR: Endothelium Preservation During Ischemia. Trans ORS 11:194, 1986

McNamara MJ, Vogler JB, Spritzer CE, Martinez S, Lohnes J, and Garrett Jr WE: Arthroscopy vs Magnetic Resonance Imaging: Evaluation of Knee Pathology. Presented at the Eastern Orthopaedic Association, October 1987.

Spengler DM, Keller T, McNamara MJ, Wicslo J, and Regan K: Changes in Lumbar Trunk Performance Associated with Radiographic Abnormalities and Aging. 9th Annual Meeting of the American Orthopaedic Association, Toronto, Canada, June 21, 1992.

McNamara MJ, Dawson JM, Meyer L, and Spengler DM: Evaluation of Cross-Linking Members in a Porcine Laminectomy Model. 1992 Annual Meeting, North American Spine Society, Boston, Massachusetts, July 9-11, 1992.

Gurwitz GS, Dawson JM, McNamara MJ, Federspiel CF, and Spengler DM: Biomechanical Analysis of Three Surgical Approaches to Repair a Lumbar Burst Fracture Using Short Segmental Instruction. 1992 Annual Meeting, North American Spine Society, Boston, Massachusetts, July 9-11, 1992.

Szpalski M, Ray J. Keller T, Spengler D, Hayes JP, and McNamara M: Evolution of Trunk Flexors and Extensors Fatigue During High-Velocity Sagittal Movements. Society for Back Pain Research, Royal Society of Medicine, London, England, October 30, 1992; and Annual Meeting of the International Society for the Study of Lumbar Spine, Chicago, Illinois, 1992.

CURRICULUM VITAE

Brian T. Perkinson, M.D.

CURRENT POSITION

Orthopaedic Surgeon
Adult Reconstruction
Bone and Joint Institute of Tennessee
Franklin, TN

EMPLOYMENT

2013-2018	Vanderbilt Bone & Joint Clinic Assistant Professor of Orthopaedic Surgery Adult Reconstruction Franklin, TN

EDUCATION

College:	1996-2001	University of Tennessee, Knoxville B.S. Engineering Science Concentration: Biomedical Engineering Minor: Materials Science Engineering
Medical school:	2003-2007	University of Tennessee, Memphis Medical Degree with High Honors

POSTGRADUATE TRAINING

Residency:	2007-2012	Campbell Clinic University of Tennessee, Memphis
Fellowship:	2012- 2013	Anderson Orthopaedic Clinic Adult Reconstruction Fellowship Alexandria, VA

ACADEMIC AWARDS/HONORS

1998-2000	University of Tennessee, Knoxville Charles Edward Ferris Engineering Scholarship Robert M. and Evelyn Condra Scholarship Departmental Engineering Scholarship
1998	University of Tennessee, Knoxville *Tau Beta Pi* Engineering Honor Society
2001	University of Tennessee, Knoxville *Summa cum Laude*
2004	University of Tennessee, Memphis NIH Research Grant Recipient

	2007	University of Tennessee, Memphis *Alpha Omega Alpha* Medical Honor Society
	2007	University of Tennessee, Memphis *High Honors*

LICENSURE AND CERTIFICATION

2015	Board Certified - Orthopaedic Surgeon (ABOS)
2013	Tennessee Medical License #50062
2012	Maryland Medical License #D0075101
2010	Virginia Medical License #0101247716
2007	DEA License

SCHOLARLY SOCIETY MEMBERSHIPS

Engineering:	1998	Tau Beta Pi Engineering Society
Medical:	2007	Alpha Omega Alpha Society
	2007	Tennessee Medical Association
	2007	American Academy of Orthopaedic Surgeons
	2013	America Society of Hip and Knees Surgeons

JOURNAL ARTICLES

Walker T, **Perkinson B**, Mihalko WM. Patellofemoral Arthroplasty: The Other Unicompartmental Knee Replacement. *J Bone Joint Surg Am.* 2012; 94-A(18): 1713-20.

Lindsey JA, Conner D, Godleski P, **Perkinson B**, Mihalko WM, Williams JL. Patellar Button Wear Patters in Well Functioning Total Knee Arthroplasty Retrievals. *J Long Term Eff Med Implants.* 2010; 20(1): 73-9.

Azar FM, Lake JE, Grace SP, **Perkinson B.** Ethyl Chloride Improves Antiseptic Effect of Betadine Skin Preparation for Office Procedures. *J Surg Ortho Advances.* 2012; 21(2): 84-7.

BOOK CHAPTERS

Walker T, **Perkinson B**, Mihalko WM. "Patellofemoral Arthroplasty: The Other Unicompartmental Knee Replacement." *AAOS Instructional Course Lectures.* 2013; vol 62.

Perkinson B, Fricka K. "Revision Femur: Extensively Coated Femoral Components." *The Hip: Preservation, Replacement, and Revision.* Ed. Cashman, Goyal, Parvizi. 2015; vol 2

GRANT AWARDS

Shell IV D, Fabian T, **Perkinson B.** Effect of Gram Positive Contamination on Neointimal Hyperplasia of ePFTE Graft of Common Iliac Artery in Porcine Model. Presented by **B Perkinson** for National Institute of Health Grant. August 2004.

CURRICULUM VITAE
CHRISTOPHER THOMAS STARK, M.D.

DATE OF BIRTH:	August 24, 1962 Chicago, Illinois
MARITAL STATUS:	Married Mary Katherine Gingrass, M.D.
WORK ADDRESS:	Bone and Joint Institute of Tennessee 4323 Carothers Parkway, Suite 201 Franklin, TN 37067 615-791-2630
EDUCATION:	B.S. University of California – Davis Davis, California 1980 – 1985 M.D. Medical College of Wisconsin Milwaukee, Wisconsin 1985 – 1989
PROFESSIONAL TRAINING:	Residency (General Surgery) Southern Illinois University School of Medicine Springfield, Illinois 1989 – 1990 Residency (Orthopaedic Surgery) Southern Illinois University School of Medicine Springfield, Illinois 1990 – 1994
MEDICAL LICENSURE:	State of Tennessee: MD25956

CURRICULUM VITAE CONTINUED
CHRISTOPHER THOMAS STARK, M.D.

CERTIFICATIONS:

Diplomat – National Board of Medical Examiners
1990

Board Certified – American Board of Orthopaedic Surgery
Written Exam 1994
Oral Exam 1996

Board Recertification – 01-01-2007
01-01-2016

PROFESSIONAL SOCIETY MEMBERSHIPS:

American Academy of Orthopaedic Surgeons
American Medical Association
Nashville Orthopaedic Society
Tennessee Orthopaedic Society

CURRICULUM VITAE

Dr. Paul Thomas

OFFICE ADDRESS:

Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067
(615) 791-2630

EDUCATION:

MEDICAL SCHOOL
University of Tennessee Center for Health Sciences
Memphis, Tennessee
M.D. 1979-1983

RESIDENCY
Campbell Clinic
University of Tennessee – Orthopaedics
Memphis, Tennessee
1984-1989

EXPERIENCE:

University of Tennessee, Knoxville Trauma Unit
Orthopaedic Associates of Knoxville
Knoxville, Tennessee
1989-1991

The Bone and Joint Clinic, P.C.
Franklin, Tennessee
1991- August 2009

Vanderbilt Bone and Joint Clinic
206 Bedford Way
Franklin, TN 37064
August 2009- March 2018

Bone and Joint Institute of Tennessee
4323 Carothers Parkway, Suite 201
Franklin, TN 37067
March 2018- present

BOARDS AND LICENSURE:	American Board of Orthopaedic Surgery, July 1991 Tennessee Medical Licensure, June 1985 Alabama Licensure, May 1992
SOCIETIES:	American Medical Association Tennessee Medical Association Williamson Medical Society Willis C. Campbell Club American Academy of Orthopaedic Surgeons –Fellow Arthroscopy Association of North America

Geoffrey Ian Watson, MD

Current Address:
4626 Churchwood Drive
Nashville, TN 37220
(901) 574-1275
gwatsonmd@gmail.com
(Current as of July 28, 2017)

APPOINTMENTS

2015-2017	Vanderbilt University Medical Center Department of Orthopaedics Assistant Professor of Clinical Orthopaedic Surgery

EDUCATION

2014-2015	Foot and Ankle Fellowship Hospital for Special Surgery, New York Presbyterian & Cornell Affiliate New York City, NY
2009-2014	Orthopaedic Surgery Residency Training Department of Orthopaedic Surgery and Rehabilitation University of Mississippi Medical Center Jackson, MS
2012	AO Fellowship (Arbeitsgemeinschaft für Osteosynthesefragen) Drs. Beat Hintermann and Markus Knupp Kantonsspital Liestal (Sept and Oct of 2012) Liestal, Switzerland
2009	Doctor of Medicine University of Tennessee Health and Science Center Memphis, TN
2005	Bachelor of Science, Biomedical Engineering, Summa Cum Laude Religious Studies Minor University of Tennessee Knoxville, TN

LICENSING & IN-TRAINING EXAMINATIONS

ABOS Part 1	Jul 10, 2014	215 (70th percentile)
ABOS Part II	July 25, 2017	Pass

Orthopaedic In-Training Exam 95th percentile for PGY-5 year/98th percentile overall

USMLE Step 3	May 17, 2010	234
USMLE Step 2 CS	May 29, 2008	229
USMLE Step 2 CK	Nov 26, 2008	Pass
USMLE Step 1	Apr 20, 2007	228

MEDICAL LICENSE

2015-current	Tennessee Medical License MD 52182
2014-2016	New York Medical License 273670-1
2009-2014	Mississippi Temporary T-2258

HONORS & AWARDS

2014	AOA Honor Medical Society Member
2014	Citizenship Award Department of Orthopaedic Surgery University of Mississippi Medical Center
2013-2014	Chief Resident Department of Orthopaedic Surgery The University of Mississippi Medical Center Jackson, MS
2013	Orthopaedic In-Training Award Highest score within the department at UMMC.
2012	AOFAS (American Orthopaedic Foot and Ankle Society) Resident Scholar Merit based scholarship to attend the 2012 annual meeting

PROFESSIONAL AFFILIATIONS

2009-Present	American Academy of Orthopaedic Surgeons (Member)
2012-Present	American Orthopaedic Foot and Ankle Society (Member)
2016-Present	AOFAS Humanitarian Committee Member

TEACHING

Watson, GI. "Understanding Your First Contract." Grand Rounds for the Department of Orthopaedic Surgery. University of Mississippi Medical Center. Jackson, MS. December 11, 2013.

Completion of Residents as Teachers Course 2012 at University of Mississippi Medical Center

PROFESSIONAL ACTIVITIES

2012-2014 Residency Education Committee
University of Mississippi School of Medicine
Department of Orthopaedic Surgery
Jackson, MS

PUBLICATIONS

Watson GI, Karnovsky SC, Konin G, Drakos MC. "Optimal Starting Point for Fifth Metatarsal Zone II Fractures: A Cadaveric Study." Foot Ankle Int. 2017 July; 38(7):802-807.

McKean RM, Bergin PF, Watson G, Mehta SK, Tarquinio TA. "Radiographic Evaluation of Intermetatarsal Angle Correction Following First MTP Joint Arthrodesis for Severe Hallux Valgus." Foot Ankle Int. 2016 Nov (11):1183-1186.

Fraser EJ, Savage-Elliott I, Yasui Y, Ackermann J, Watson G, Ross KA, Deyer T, Kennedy JG. "Clinical and MRI Donor Site Outsomes Following Autologous Osteochondral Transplantation for Talar Osteochondral Lesions." Foot Ankle Int. 2016 Sep;37(9):968-76.

Watson, GI. "All I Need is a Match: Obtaining an Orthopaedic Surgery Residency Position." *AAOS Now.* June 2012.

Gilgen, A, M Knupp, B Hintermann. "Subtalar and Naviculocuneiform Arthrodesis for the Treatment of Hindfoot Valgus with Collapse of the Medial Arch." *Tech Foot & Ankle;* 12: 190-195. (acknowledgement for aid in preparation of manuscript)

ABSTRACTS/PRESENTATIONS

Lackey, WG, JS Broderick, KJ Jeray, SL Tanner, S Bennett, GI Watson, JE Bible, and HC Jarvis. "Outcomes of Cephalomedullary Fixation for Low-Energy Intertrochanteric Fractures of the Proximal Femur: A Multi-Center Retrospective Study"
Presented at AAOS San Francisco 2012 Annual Meeting by Wes Lackey.
Presented at MOS Biloxi 2013 Annual Meeting.
Submitted for publication with *Journal of Orthopaedic Trauma.*

Watson GI, RM McKean, TA Tarquinio, and S Mehta. "Measuring Changes in the First Intermetatarsal Angle Following Arthrodesis of the First MTP for Severe Hallux Valgus."
Presented at AOFAS as an e-poster 2013.

COMMUNITY

Member of Covenant Presbyterian Church, Nashville, TN

Team Physician for Franklin High School 2016- current
Team Physician for Fairview High School 2015-2016.

Dixie National Rodeo, Jackson, MS -3 time session physician

As a fellow assisted in orthopedic care of New York Giants and Brooklyn Nets

Todd R. Wurth, M.D.

Email: twurth@bjit.org

Practice:

Bone and Joint Institute of Tennessee: 03/21/2018 to present

-Orthopaedic Surgery - Hand, Upper Extremity, and Microvascular Specialist.
-Board Certified American Academy of Orthopaedic Surgery.
-Fellow in American Academy of Orthopaedic Surgeons.
-Certificate of Added Qualifications in Surgery of the Hand (CAQSH) recipient.

Vanderbilt Bone and Joint: 2004-03/20/2018

-Orthopaedic Surgery - Hand, Upper Extremity, and Microvascular Specialist.
-Board Certified American Academy of Orthopaedic Surgery.
-Fellow in American Academy of Orthopaedic Surgeons.
-Certificate of Added Qualifications in Surgery of the Hand (CAQSH) recipient.

Appointments:

Assistant Clinical Professor of Orthopaedic Surgery – Vanderbilt University Department of Orthopaedic Surgery: 2009-Present

Director of Orthopaedic Operations : Southern Division – Vanderbilt University Department of Orthopaedic Surgery: 2012-Present

President – Vanderbilt Bone and Joint: 2009-2012

Medical Director – The Bone and Joint Surgery Center: 2007-2009

Infectious Disease Committee – Department of Surgery Representative– Williamson Medical Center: 2006-Present

Quality Control Chairman – The Bone and Joint Surgery Center: 2006-2009

Professional Training:

Allegheny General Hospital (Pittsburgh, PA): 2003-2004

-Hand, Upper Extremity, and Microvascular Fellowship

-Mark E. Baratz, M.D., fellowship director
-Dean G. Sotereanos, M.D., Christopher Schmidt, M.D., Thomas Hughes, M.D.

Indiana University Medical Center (Indianapolis, IN): 1999-2003
-Orthopaedic Surgery Residency
-Richard E. Lindseth, M.D., residency chairman

Indiana University Medical Center (Indianapolis, IN): 1998-1999
-General Surgery Internship
-James A. Madura, M.D., residency director

Education:

University of Louisville School of Medicine (Louisville, KY): 1994-1998
-Medical Doctorate degree
-Summa Cum Laude graduate
-Cumulative class rank 6/140

Murray State University (Murray, KY): 1991-1993
-Bachelor of Science
-Magna Cum Laude graduate

Henderson Community College (Henderson, KY): 1989-1991
-Associate of Science

Licensure:

State of Tennessee – License No. MD38067, Nov 2003-present.

State of Pennsylvania – License No. MD422540

State of Indiana – License No. 01050954A

Professional Activities:

Team Physician – Independence High School (Franklin, TN) – 2004 - 2016
Part-time Team Physician – Indianapolis Indians (Triple A Major League Baseball) – 2001
Part-time Team Physician – Arlington High School Football (Class 5A High School) – 2001
Methodist Occupational Health Center Physician – 1999, 2000, 2001, 2002, 2003
Veteran's Affairs Compensation and Pension Physician – 2001, 2002, 2003
Resident Representative – Residency Review Committee, IU Orthopaedic Surgery – 2001

Presentations:

Wurth TR. "Cubital Tunnel Syndrome" – 9th Annual Vanderbilt Hand and Upper Extremity Conference. Nashville, TN, March 28-29, 2014.

Wurth TR. "Fractures of the Hand and Carpus" – Hand and Upper Extremity Lecture Series. Vanderbilt University, Sept 2013.

Wurth TR. "Upper Extremity Injuries in the Adolescent Athlete" – Middle TN Athletic Trainer's Conference. Ensworth High School. Nashville, TN, July 19, 2008.

Wurth TR. "Rotator Cuff Tears" – Williamson Medical Center. Franklin, TN, May 9, 2007.

Wurth TR. "Carpal Tunnel Syndrome" – WAKM Morning Talk Radio. Nashville, TN, February 27, 2007.

Wurth TR. "Carpal Tunnel Syndrome and Upper Extremity Arthritis" - Medical Mondays News Channel 5. Nashville, TN, January 8, 2007.

Wurth TR. "Overuse Injuries in the Upper Extremity" – Middle Tennessee Case Manager's Association Meeting. Gladys Stringfield Owen Education Center, Baptist Hospital. Nashville, TN, November 3, 2005.

Darlis NA, **Wurth TR,** Sotereanos DG. "Ulnocarpal Impaction Syndrome: An Illustrative Case Presentation" – Multimedia Presentation. Joint Annual Meeting of ASSH and ASHT. San Antonio, TX, September 22-24, 2005.

Wurth TR. "Upper Extremity Injuries in the Adolescent Athlete" – Annual Williamson County Coach's Clinic. Independence High School. Franklin, TN, June 9, 2005.

Wurth TR. "Acute Hand Injuries" – Williamson Medical Center Emergency Medicine Conference. Williamson Medical Center. Franklin, TN, February 25, 2005.

Wurth TR. "TFCC Tears and Ulnocarpal Abutment" – Upper Extremity Conference. Allegheny General Hospital, June 11, 2004.

Wurth TR. "Burns of the Hand and Upper Extremity" – Upper Extremity Conference. Allegheny General Hospital, March 26, 2004.

Baratz ME, **Wurth TR.** "Ulnar Tunnel Syndrome" – 6th Annual Hand Surgery Symposium. Hand Rehab Foundation and ASSH. Philadelphia, PA, March 22, 2004..

Wurth, TR. "Scaphoid Fractures" – Upper Extremity Conference. Allegheny General Hospital, January 9, 2004.

Wurth, TR. Lab Instructor: Total Shoulder Arthroplasty, Total Elbow Arthroplasty, Proximal Row Carpectomy, CMC Arthroplasty – 6th Annual Disorders of the Hand and Upper Extremity: Focus on Arthroplasty. Allegheny General Hospital, Nov 21-22, 2003.

Wurth, TR. "Brachial Plexus Injuries and Treatment" – Upper Extremity Conference. Allegheny General Hospital, September, 2003.

Wurth, TR. "The Non-Operative Treatment of Rotator Cuff Tears in Patients Over Age 65" – 25th Annual Garceau-Wray Orthopaedic Conference. Indiana University, June 16-17, 2003.

Wurth, TR. "Adult Ankle and Foot Fractures" – IU Orthopaedic Grand Rounds. Indiana University, September 2002.

Wurth, TR. "Tibial Plateau Fractures" – IU Orthopaedic Grand Rounds. Indiana University, April 2002.

Wurth, TR. "Pediatric Pelvic and Hip Fractures" – IU Orthopaedic Grand Rounds. Indiana University, August 2001.

Wurth, TR. "External Fixation in Orthopaedic Surgery" – IU Orthopaedic Grand Rounds. Indiana University, February 2000.

Publications:

Wurth TR, Rettig AC. Operative treatment of persistent olecranon physes in the symptomatic adolescent athlete. *American Journal of Sports Medicine.* Volume 34, Number 4, April 2006, p653-656.

Wurth TR, Baratz ME. Orthopaedic Implants for Elbow Arthroplasty and Arthrodesis. In: Lindsey RW, Gugala Z, eds. Orthopedic Implants: Applications, Complications, and Management. New York: Marcel Dekker (publication pending).

Wurth TR, Sotereanos DG, Weiser R. Scaphoid excision and four-corner fusion using autograft vs allograft. (in progress)

Unlicensed Publications:

Wurth TR, Baratz ME. Ulnar tunnel syndrome. Course handout, 6th Annual Hand Surgery Symposium. Hand Rehab Foundation and ASSH. Philadelphia, PA, March 22, 2004.

Honors and Awards:

'Nashville's Top Hand Surgeons' 2012, 2013. Nashville Business Journal.

America's Top Orthopedists 2007, 2012 Edition. Consumers' Research Council of America.

Bronze Torch Award Recipient. Month of February 2004, Allegheny General Hospital.

Who's Who in Medicine and Healthcare, 5th edition. 2004-2005.

University of Louisville School of Medicine:

-Summa Cum Laude graduate
-Alpha Omega Alpha Honor Medical Society
-The William Hamilton Long Memorial Award Winner
-Phi Kappa Phi Honor Society
-Who's Who Among Students in American Universities and Colleges
-Association of Pathology Chairs Honor Society
-Senior Honors Surgery Clerkship participant
-Orthopaedic Surgery Clerkship Honors
-Junior Surgery Clerkship Honors
-Obstetrics and Gynecology Clerkship Honors
-Psychiatry Clerkship Honors
-Junior Internal Medicine Clerkship Honors
-Pediatric Clerkship Highest Honors
-Overall Primary Care Clerkship Honors
-Pathology Honors
-Pharmacology Honors
-Microbiology Honors
-Human Physiology Honors
-Behavioral Sciences Honors
-Introduction to Anesthesiology Honors
-Gross Anatomy Honors
-Medical Ethics Honors
-Microscopic Anatomy Honors
-Thomas B. Calhoon Physiology Award Nominee

Murray State University:

-Magna Cum Laude graduate
-Beta Beta Beta Biological National Honor Society
-Gamma Beta Phi National Honor Society
-Alpha Chi National Honor Society

-Omicron Delta Kappa National Honor Society
-Phi Kappa Phi National Honor Society
-Who's Who Among Students in American Universities and Colleges

Conferences/Courses Attended:

68th ASSH Annual Meeting. San Francisco, CA – October 3-5, 2013

66th ASSH Annual Meeting. Las Vegas, NE – September 8-10, 2011.

63rd ASSH Annual Meeting. Chicago, IL – September 18-20, 2008.

Wrist and Elbow Cadaver Course. Vanderbilt University- Nashville, TN – March 30, 2007.

Advanced Techniques in Shoulder Arthroplasy. Las Vegas, NV – Oct 27-28, 2006.

71st Annual Meeting – American Academy of Orthopaedic Surgeons. San Francisco, CA – March 10-14, 2004.

4th Annual Pittsburgh Spine Symposium: An Update for the Treatment and Prevention of Spinal Disorders. Allegheny General Hospital, Pittsburgh, PA - January 27, 2004.

6th Annual Disorders of the Hand and Upper Extremity: Focus on Arthroplasty. Allegheny General Hospital, Pittsburgh, PA - November 21-22, 2003.

70th Annual Meeting - American Academy of Orthopaedic Surgeons. New Orleans, LA – February 5-9, 2003.

7th Annual Residents Symposium on Orthopaedic Surgery. Phoenix, AZ – October, 2002.

Garceau-Wray Orthopaedic Conference. Indianapolis, IN – 1999, 2000, 2001, 2002, 2003.

Surgical Management of Adult and Pediatric Orthopaedic Trauma. Indianapolis, IN – 1998,1999.

AO ASIF Principles of Hand and Wrist Fracture Management. Indiana Hand Center – 2000, 2001.

Dallas Short Course of Orthotics and Prosthetics. Dallas, TX – October 19-21, 2000.

AO ASIF Principles of Fracture Management. Tulsa, OK – November 4-7, 1999.

Professional Society Memberships:

American Academy of Orthopaedic Surgeons – 2008-present

American Board of Orthopaedic Surgeons – 2006-present

American Society for Surgery of the Hand – 2003-present

Pennsylvania Orthopaedic Society – 2003-2004

Pennsylvania Medical Association – 2003-2004

Indiana Orthopaedic Society – 2000-2003

Indiana Medical Association – 1998-2003

Alpha Omega Alpha Medical Honor Society – 1997-present

The Association of Pathology Chairs Honor Society – 1996-present

Jefferson County Medical Society – 1995-1998

American Medical Association – 1994-1998

Kentucky Medical Association – 1994-1998

Personal Information:

Spouse: Kristi L. Wurth
Children: Jackson D. Wurth, Jordan R. Wurth

Attachment Section A-4A

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Bone and Joint Institute of Tennessee Surgery Center, LLC
4321 CAROTHERS PKWY
FRANKLIN, TN 37067-5909

July 9, 2018

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**000973175**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	07/09/2018
Filing Date:	07/09/2018 2:59 PM	Fiscal Year Close:	6
Status:	Active	Annual Report Due:	10/01/2019
Duration Term:	Perpetual	Image # :	B0538-7851
Managed By:	Manager Managed		
Business County:	WILLIAMSON COUNTY		

Document Receipt

Receipt # : 004179709	Filing Fee:	$300.00
Payment-Check/MO - BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, NASHVILI		$300.00

Registered Agent Address:
DONALD WEBB
4321 CAROTHERS PKWY
FRANKLIN, TN 37067-5909

Principal Address:
4321 CAROTHERS PKWY
FRANKLIN, TN 37067-5909

Congratulations on the successful filing of your **Articles of Organization** for **Bone and Joint Institute of Tennessee Surgery Center, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Tammy Morris

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY (ss-4270)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50.00 per member
(minimum fee = $300, maximum fee = $3,000)

For Office Use Only

FILED

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: Bone and Joint Institute of Tennessee Surgery Center, LLC

(NOTE: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: N/A

4. The name and complete address of ithe Limited Liability Company's initial registered agent and office located in the state of Tennessee is:
Name: Donald Webb
Address: 4321 Carothers Parkway
City: Franklin State: TN Zip Code: 37067 County: Williamson

5. Fiscal Year Close Month: 6

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days)
Effective Date: ____/____/____ (Month / Day / Year) Time: _____

7. The Limited Liability Company will be: ☐ Member Managed ☒ Manager Managed ☐ Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration: ☒ Perpetual ☐ Other ____/____/____ (Month / Day / Year)

10. The complete address of the Limited Liability Company's principal executive office is:
Address: 4321 Carothers Parkway
City: Franklin State: TN Zip Code: 37067 County: Williamson

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY (ss-4270)

For Office Use Only

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50.00 per member
(minimum fee = $300, maximum fee = $3,000)

The name of the Limited Liability Company is: Bone and Joint Institute of Tennessee Surgery Center, LLC

11. The complete mailing address of the entity (If different from the principal office) is:

Address: Same

City: _____ State: _____ Zip Code: _____

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.

Licensed Profession: _____

14. Series LLC (required only if the Additional Designation of "Series LLC" is entered in section 3.)

☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: ____ / ____ / ____ (Month / Day / Year)

☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions: _____

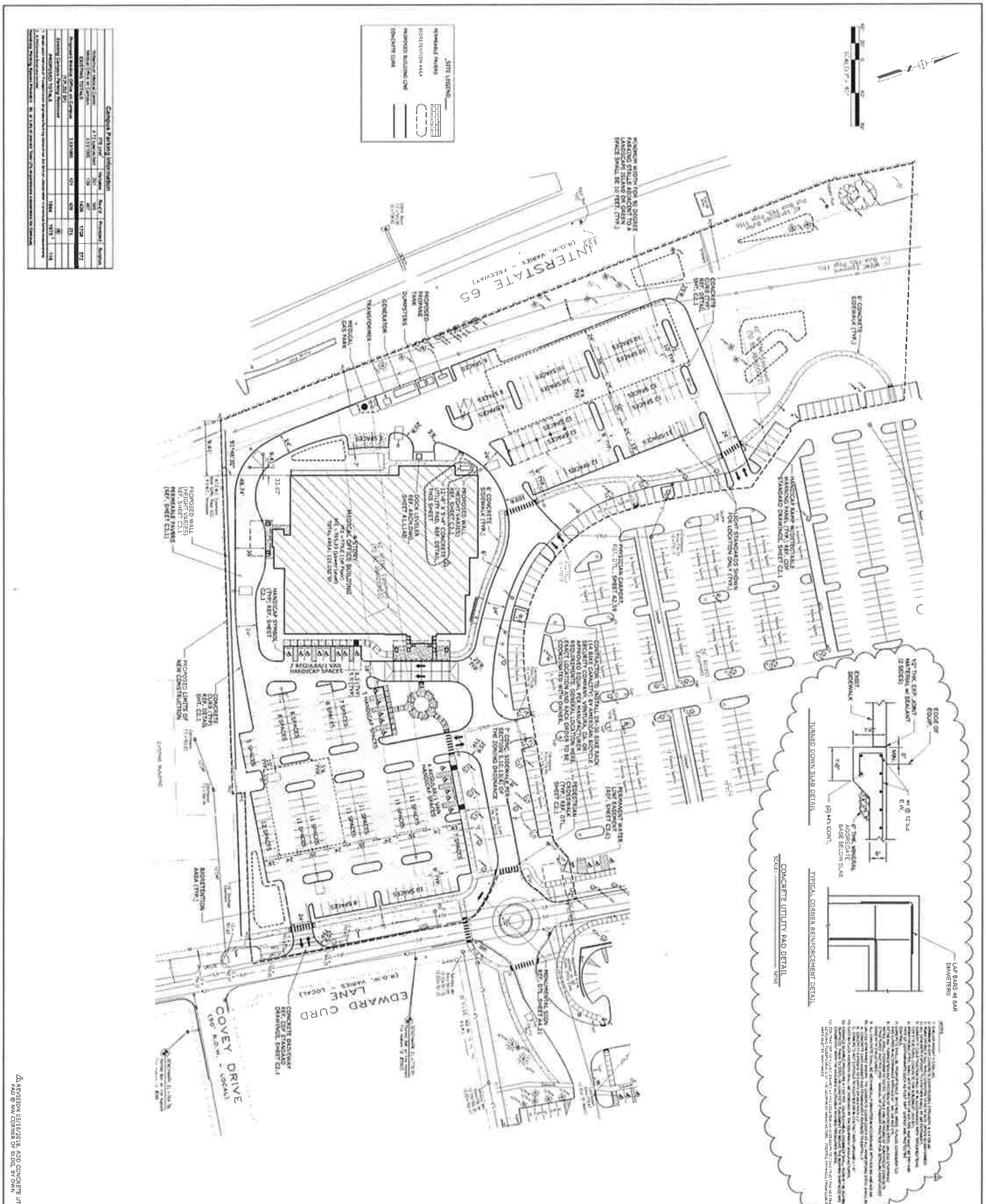
7/9/18
Signature Date

Signature

Organizer
Signer's Capacity (if other than individual capacity)

Anita Beth Adams
Name (printed or typed)

Attachment Section A-6A, 6B-1 a-d, 6B-2, 6B-3



WILLIAMSON MEDICAL CENTER MOB

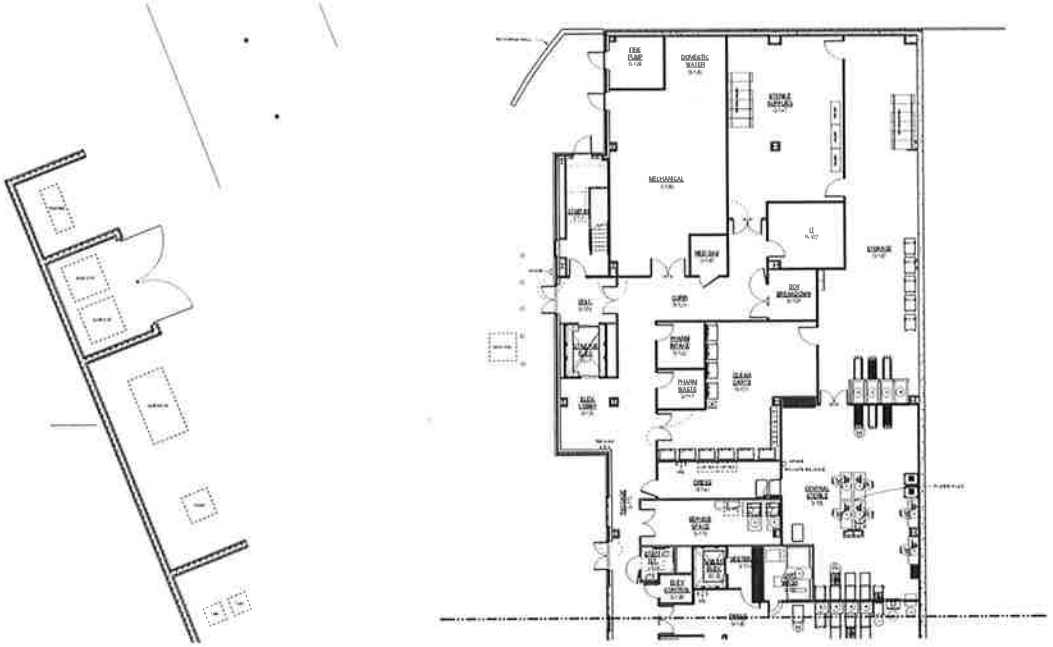
Franklin, TN

Smith Seckman Reid, Inc.

Williamson Medical Center

OVERALL SITE PLAN

C2.0

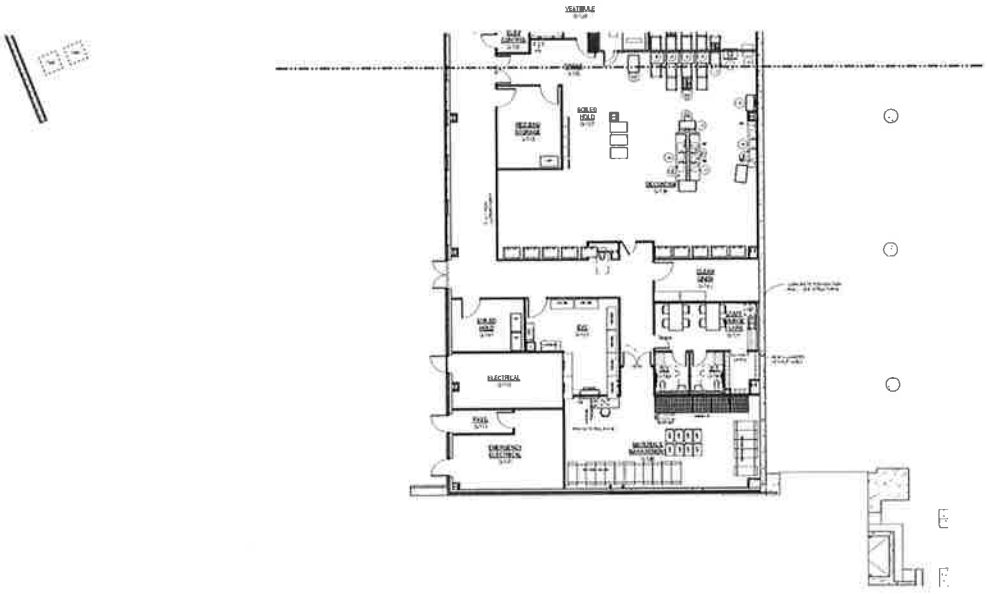


1 LOWER LEVEL PLAN - PART A - WORKSTATIONS

ESa

WILLIAMSON MEDICAL CENTER MOB

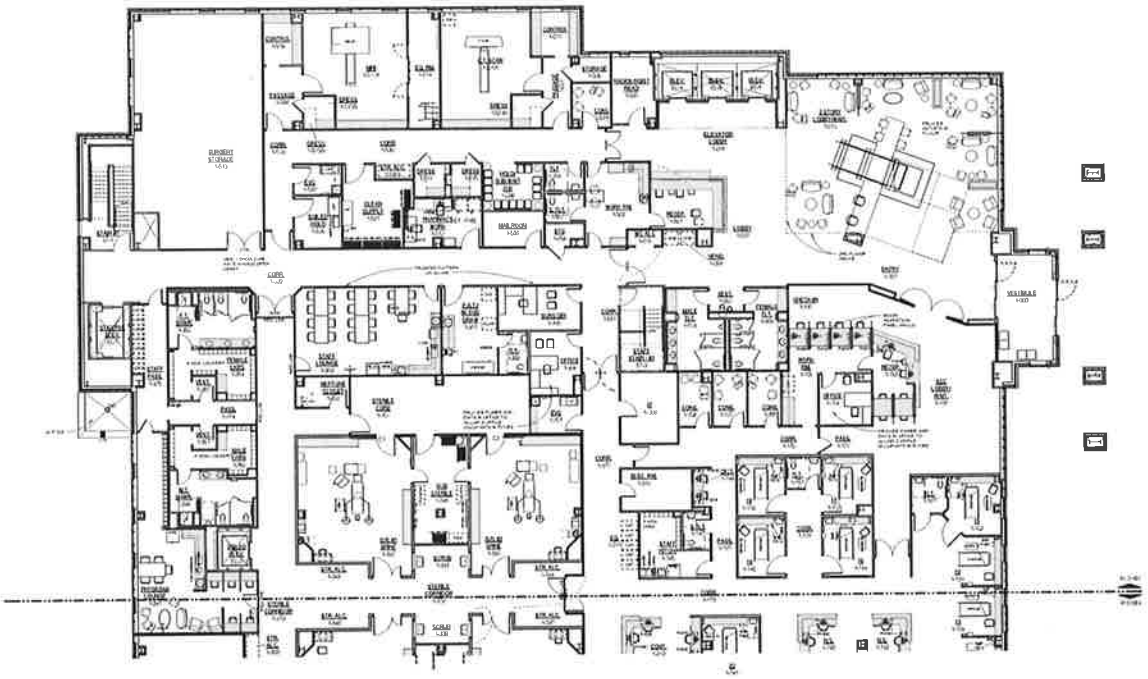
Franklin, TN | 16115.01 | 02/06/18



1 LOWER LEVEL PLAN - PART B - WORKSTATIONS

ESa WILLIAMSON MEDICAL CENTER MOB

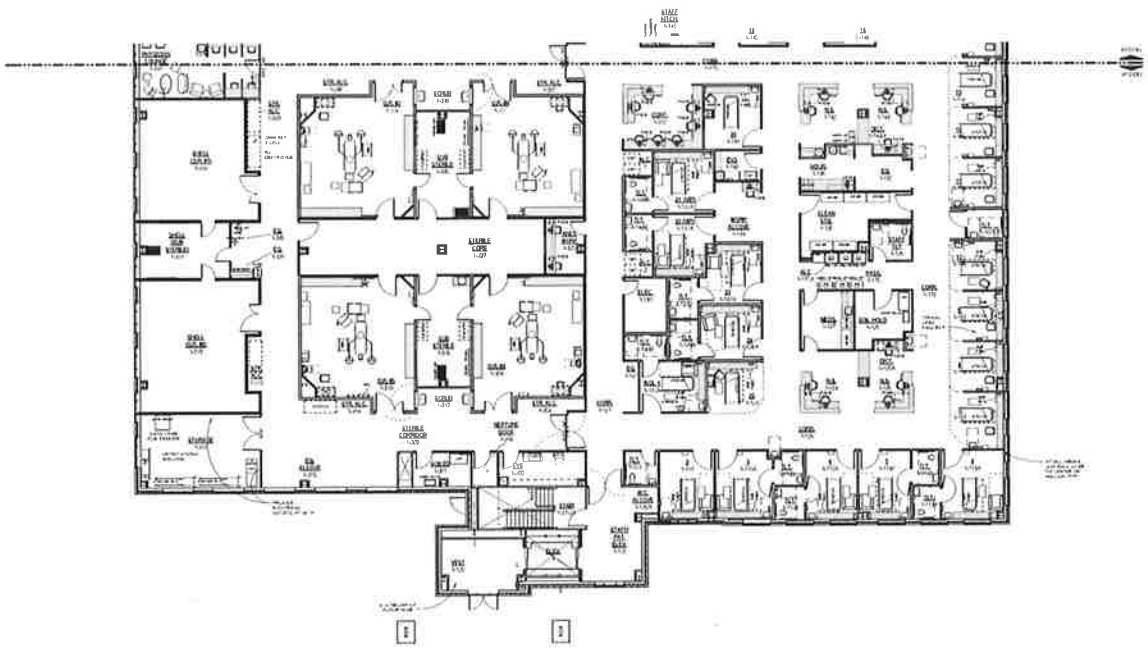
Franklin, TN | 16115.01 | 02/06/18



1 1ST FLOOR PLAN - PART A - WORKSTATIONS

ESa | WILLIAMSON MEDICAL CENTER MOB

Franklin, TN | 16115.01 | 02/06/18



1 1ST FLOOR PLAN - PART B - WORKSTATIONS

ESa WILLIAMSON MEDICAL CENTER MOB

Franklin, TN | 16115.01 | 02/06/18

Attachment Section B.D.(1)(a)

United States Census Bureau (https://www.census.gov)

Feedback FAQs Glossary Help

MAIN | COMMUNITY FACTS | GUIDED SEARCH | ADVANCED SEARCH | DOWNLOAD CENTER

Community Facts - Find popular facts (population, income, etc.) and frequently requested data about your community.

Enter a state, county, city, town, or zip code: e.g., Atlanta, GA GO

- Population
- Age
- Business and Industry
- Education
- Governments
- Housing
- Income
- Origins and Language
- Poverty
- Race and Hispanic Origin
- Veterans

Show All

Williamson County, Tennessee

Bookmark/Save Print

Description	Measure	Source
Population		
Census 2010 Total Population	183,182	2010 Demographic Profile (/bkmk/table/1.0/en/DEC/10_DP/DPDP1/0500000US47187)
2017 Population Estimate (as of July 1, 2017)	226,257	2017 Population Estimates (/bkmk/table/1.0/en/PEP/2017/PEPANNRES/0500000US47187)
2016 ACS 5-Year Population Estimate	205,645	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Median Age	39.0	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/B01002/0500000US47187)
Number of Companies	25,780	2012 Survey of Business Owners (/bkmk/table/1.0/en/SBO/2012/00CSA01/0500000US47187)
Educational Attainment: Percent high school graduate or higher	95.6%	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/S1501/0500000US47187)
Count of Governments	N/A	2012 Census of Governments
Total housing units	74,188	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/B25001/0500000US47187)
Median Household Income	100,140	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/S1901/0500000US47187)
Foreign Born Population	14,039	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/B05002/0500000US47187)
Individuals below poverty level	5.2%	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP03/0500000US47187)
Race and Hispanic Origin		
White alone	184,114	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Black or African American alone	8,788	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
American Indian and Alaska Native alone	285	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Asian alone	7,752	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Native Hawaiian and Other Pacific Islander alone	104	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Some Other Race alone	1,359	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Two or More Races	3,243	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Hispanic or Latino (of any race)	9,513	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
White alone, Not Hispanic or Latino	176,139	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/DP05/0500000US47187)
Veterans	9,791	2012-2016 American Community Survey 5-Year Estimates (/bkmk/table/1.0/en/ACS/16_5YR/B21001/0500000US47187)

Want more? Need help? Use Guided Search or visit Census.gov's Quick Facts (//www.census.gov/quickfacts/).

Attachment Section B-Economic Feasibility-B

WILLIAMSON COUNTY HOSPITAL DISTRICT

(a component unit of Williamson County)

Audited Financial Statements
and Other Information

June 30, 2017 and 2016

(With Independent Auditors' Report Thereon)

LBMC MAKE A GOOD BUSINESS BETTER

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Table of Contents

LBMC MAKE A GOOD BUSINESS BETTER

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Williamson County Hospital District
Franklin, Tennessee:

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and the discretely presented component unit of Williamson County Hospital District (Williamson Medical Center) (the "Medical Center"), a component unit of Williamson County, Tennessee, as of and for the years ended June 30, 2017 and 2016, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of Williamson County Hospital District as of June 30, 2017 and 2016, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 - 7 be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 21, 2017 on our consideration of the Medical Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control over financial reporting and compliance.

LBMC, PC

Brentwood, Tennessee
September 21, 2017

Management's Discussion and Analysis

This section presents management's discussion and analysis of the financial performance of Williamson County Hospital District (Williamson Medical Center) (the Medical Center) for the fiscal years ended June 30, 2015 thru June 30, 2017. Please read this discussion in conjunction with the Medical Center's financial statements and accompanying footnotes.

USING THE ANNUAL FINANCIAL REPORT

The Medical Center is operated and maintained by Williamson County, Tennessee (the County). The County Commission adopted a resolution in 1992, in conjunction with acquiring title to the property and equipment of the District, giving the District complete authority and responsibility to manage and operate the Medical Center as provided in Chapter 107 of the Private Act of 1957 passed by the Tennessee legislature. For financial reporting purposes, the Medical Center is considered a component unit of the County.

The financial statements include the accounts and operations of the Medical Center, as well as those of the Williamson Medical Center Foundation, a discretely presented component unit. The Medical Center follows the accrual method of accounting. Revenues are recognized in the period earned; expenses are recorded at the time liabilities are incurred.

The financial statements consist of statements of net position, statements of revenue, expenses and changes in net position and statements of cash flows. The accompanying notes to the financial statements are an integral part of the financial statements and are essential to understanding the data contained in the financial statements. The balance sheets provide descriptions of the Medical Center's financial position. The statements of revenues, expenses and changes in net position report the revenues and expenses related to the Medical Center's activities.

The Medical Center utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis, which is an economic resources measurement focus approach to accounting. In December 2010, GASB issued Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. GASB 62 makes the GASB Accounting Standards Codification the sole source of authoritative accounting technical literature for governmental entities in the United States of America. In June 2011, GASB issued Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflow of Resources, and Net Position. GASB 62 and 63 were effective for periods beginning after December 15, 2011.

NOTEWORTHY FINANCIAL ACTIVITY

- Key measures of patient activity are noted below. Admissions increased by 65 or 0.6% over the prior year. Patient days decreased by 1,251 or 3.4%. Equivalent patient days which is a method of measuring outpatient activity decreased by 1,582 or 1.7% below the prior fiscal year. Surgeries increased by 470 or 4.7%. Total Emergency Room visits increased by 2,096 or 4.7%. Births were up by 136 from the prior year or 7.9%.

	Year Ended June 30,		
	2017	**2016**	**2015**
Admissions	10,738	10,673	10,533
Patient Days	36,008	37,259	35,988
Length of Stay	3.4	3.5	3.4
Equivalent patient days	91,241	92,823	88,623
Surgeries	10,485	10,015	9,653
Emergency Room Visits (adult and peds)	47,160	45,064	37,306
Births	1,852	1,716	1,752
Case mix index (all patients)	1.44	1.3	1.25

- **Payer mix** (based on gross charges)

	Year ended June 30,			
	2017	2016	2015	FY 16 to FY 17
Medicare	41.1%	40.3%	41.2%	0.8%
Managed Care	15.3%	15.9%	15.0%	-0.6%
Commercial	8.3%	7.5%	6.4%	0.8%
TennCare	5.6%	5.5%	5.1%	0.1%
Self Pay	3.9%	3.7%	4.0%	0.2%
Workers Comp	0.7%	0.7%	0.8%	0.0%
Blue Cross	25.0%	26.3%	27.4%	-1.3%
Medassist	0.1%	0.1%	0.1%	0.0%
	100.0%	100.0%	100.0%	

BALANCE SHEET

	Year ended June 30,		
	2017	2016	2015
Assets:			
Current assets	$52,662,048	$45,036,047	$ 42,613,803
Property and equipment, net	174,015,000	183,487,352	181,461,928
Non-current assets limited as to use	31,778,321	26,711,629	28,027,601
Other non-current assets	16,253,449	15,879,347	15,071,038
Total assets	274,708,818	271,114,375	267,174,370
Deferred outflows of resources – excess consideration provided by acquisition	1,732,362	1,732,362	1,732,362
Liabilities:			
Current liabilities	19,243,357	27,476,023	23,881,131
Bonds, notes payable and obligations under capital lease, excluding current portion	55,200,930	53,375,244	63,017,057
Total liabilities	74,444,287	80,851,267	86,898,188
Net position:			
Net investment in capital assets	113,508,511	117,242,263	111,033,345
Unrestricted	84,182,852	71,091,395	67,952,658
Restricted – by donors	4,305,530	3,661,812	3,022,541
Total net position	$201,996,893	$191,995,470	$182,008,544

As of June 30, 2017 the Medical Center's current assets of $52.7 million were sufficient to cover current liabilities of $19.2 million (current ratio of 2.7 compared to 1.6 in the prior year). The Debt Service Coverage Ratio for June 30, 2017 was at 3.2 compared to 2.7 for June 30, 2016. Day's cash on hand was 108.6 at June 30, 2017 versus 92.8 at June 30, 2016, an increase of 17%.

OPERATING RESULTS AND CHANGES IN THE MEDICAL CENTER'S NET ASSETS

	Year ended June 30,		
	2017	2016	2015
Operating revenues:			
Net patient service revenue	$195,923,561	$184,784,933	$168,910,998
Contributions	1,007,254	1,302,357	1,471,291
Other operating revenue	3,957,679	4,197,547	3,952,059
Total operating revenues	200,888,494	190,284,837	174,334,348
Operating expenses:			
Salaries, wages and benefits	100,398,783	94,217,579	84,108,656
Supplies and other	80,181,480	75,979,459	66,485,470
Depreciation and amortization	13,071,690	13,082,404	10,682,803
Total operating expenses	193,651,953	183,279,442	161,276,929
Operating income	7,236,541	7,005,395	13,057,419
Non-operating income (expenses)			
Investment income	497,760	330,876	464,016
Interest expense	(2,055,083)	(1,628,070)	(1,270,929)
Equity in earnings of joint venture	1,414,563	1,600,601	1,299,933
Contributions received from Williamson County	1,943,624	1,943,624	1,943,624
Other, net	964,018	734,500	573,871
Non-operating income	2,764,882	2,981,531	3,010,515
Excess of revenues over expenses	10,001,423	9,986,926	16,067,934
Net position at beginning of year	191,995,470	182,008,544	165,940,610
Net position at end of year	$201,996,893	$191,995,470	$182,008,544

- Total operating revenues for 2017 are comprised of net patient service revenue ($195 million), contributions ($1 million) and other operating revenue ($4.0 million).

- Net operating revenue for fiscal year 2017 increased by $10.6 million or 5.6% from prior year. Contractual arrangements with third-party payors, bad debt and charity care account for the difference between gross service charges and net patient service revenue.

- Salaries, wages and benefits Increased by $6.2 million or 6.6% over the prior fiscal year. Full Time Equivalents (FTEs) average for the year was 1,270 and 1,229 in fiscal years 2017 and 2016, respectively. The salaries, wages and benefits expense accounted for 51.8% of the total operating expenses for 2017 as compared to 51.4% in 2016.

- Total operating expenses for 2017 excluding salaries were $93 million, $4.2 million or 4.7% over the prior year. Supplies increased $2.3 million or 5.5% due to increased utilization. Professional Fees increased by $566 thousand or 17.1%. Purchased services decreased by $228 thousand.

THE MEDICAL CENTER'S CASH FLOWS

The increase in total cash impacted the formula for the Day's Cash on Hand ratios. As noted above, day's cash on hand was 108.6 at June 30, 2017 versus 92.8 at June 30, 2016, an increase of 17%.

CAPITAL ASSETS AND DEBT ADMINISTRATION

At the end of 2017, the Medical Center had $174.0 million invested in capital assets, net of accumulated depreciation as compared to $183.5 million in 2016. The net decrease is a result of depreciation expense of $13.1 million and capital asset purchases of $3.6 million.

REQUEST FOR INFORMATION

The Financial Statements and Management's Discussion and Analysis are designed to provide a summary and general overview of the Medical Center's finances for all those interested. Questions concerning any of the information provided in this report or requests for additional information should be addressed in writing to the Chief Financial Officer of Williamson Medical Center at 4321 Carothers Parkway, Franklin, Tennessee 37067. Financial statements for the discretely presented component unit may also be obtained at this address.

WILLIAMSON MEDICAL CENTER OFFICERS

Donald Webb, Chief Executive Officer
Paul Bolin, Chief Financial Officer
Julie Miller, Chief Operating Officer
Lori Orme, Chief Nursing Officer
Ashley Perkins, Associate Administrator-Nursing
Tim Burton, Associate Administrator-Operations
Phyllis Molyneux, Associate Administrator- Human Resources, Education and Compliance
Starling Evins, MD, Chief Medical Officer

WILLIAMSON MEDICAL CENTER BOARD OF TRUSTEES

Rogers Anderson
Dana Ausbrooks
Sam Bastian, M.D.
A.J. Bethurum, M.D.
James (Bo) Butler
Bertram (Bert) Chalfant
Jim Cross, IV
Brown Daniel
Russell Little
Joel Locke, M.D.
Kathy McGee
Jack Walton
Matthew Williams

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Net Position

June 30, 2017

	Primary Enterprise	Component Unit	Total Reporting Entity
Assets			
Current assets:			
Cash	$ 23,067,667	$ -	$ 23,067,667
Assets limited as to use by management for current liabilities	3,033,474	-	3,033,474
Patient accounts receivable, less allowance for uncollectible accounts of $9,896,338	20,983,804	-	20,983,804
Other receivables	188,551	351,103	539,654
Inventories	3,239,638	-	3,239,638
Prepaid expenses	1,797,811	-	1,797,811
Total current assets	52,310,945	351,103	52,662,048
Assets limited as to use, excluding assets required for current liabilities:			
By Board for capital improvements	28,230,035	-	28,230,035
By Board for bond principal and interest payments	3,033,474	-	3,033,474
By donors	-	3,548,286	3,548,286
Total assets limited as to use	31,263,509	3,548,286	34,811,795
Less: amount classified as current	(3,033,474)	-	(3,033,474)
	28,230,035	3,548,286	31,778,321
Property and equipment, net	174,015,000	-	174,015,000
Other assets:			
Other receivables, less current portion	234,437	406,141	640,578
Investments in joint ventures	15,201,579	-	15,201,579
Other	411,292	-	411,292
Total other assets	15,847,308	406,141	16,253,449
Total assets	270,403,288	4,305,530	274,708,818
Deferred outflows of resources - excess consideration provided for acquisition	1,732,362	-	1,732,362

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Net Position, Continued

June 30, 2017

	Primary Enterprise	Component Unit	Total Reporting Entity
Liabilities			
Current liabilities:			
Accounts payable	4,287,263	-	4,287,263
Accrued payroll, compensated absences and payroll related liabilities	6,040,520	-	6,040,520
Accrued expenses and other liabilities	2,864,600	-	2,864,600
Accrued interest expense	258,216	-	258,216
Current portion of long-term debt	5,536,016	-	5,536,016
Current portion of capital lease obligations	88,164	-	88,164
Estimated third-party payor settlements	168,578	-	168,578
Total current liabilities	19,243,357	-	19,243,357
Long-term debt, excluding current portion	54,882,309	-	54,882,309
Other long-term liabilities	318,621	-	318,621
Total liabilities	74,444,287	-	74,444,287
Net Position			
Net position:			
Net investment in capital assets	113,508,511	-	113,508,511
Unrestricted	84,182,852	-	84,182,852
Restricted - by donors	-	4,305,530	4,305,530
Total net position	$ 197,691,363	$ 4,305,530	$ 201,996,893

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Net Position

June 30, 2016

	Primary Enterprise	Component Unit	Total Reporting Entity
Assets			
Current assets:			
Cash	$ 16,574,752	$ -	$ 16,574,752
Assets limited as to use by management for current liabilities	2,668,666	-	2,668,666
Patient accounts receivable, less allowance for uncollectible accounts of $8,992,729	20,739,700	-	20,739,700
Other receivables	146,064	543,884	689,948
Inventories	2,801,779	-	2,801,779
Prepaid expenses	1,561,202	-	1,561,202
Total current assets	44,492,163	543,884	45,036,047
Assets limited as to use, excluding assets required for current liabilities:			
By Board for capital improvements	24,402,878	-	24,402,878
By Board for bond principal and interest payments	2,668,666	-	2,668,666
By donors	-	2,308,751	2,308,751
Total assets limited as to use	27,071,544	2,308,751	29,380,295
Less: amount classified as current	(2,668,666)	-	(2,668,666)
	24,402,878	2,308,751	26,711,629
Property and equipment, net	183,487,352	-	183,487,352
Other assets:			
Other receivables, less current portion	372,731	809,177	1,181,908
Investments in joint ventures	14,615,957	-	14,615,957
Other	81,482	-	81,482
Total other assets	15,070,170	809,177	15,879,347
Total assets	267,452,563	3,661,812	271,114,375
Deferred outflows of resources - excess consideration provided for acquisition	1,732,362	-	1,732,362

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Net Position, Continued

June 30, 2016

	Primary Enterprise	Component Unit	Total Reporting Entity
Liabilities			
Current liabilities:			
Accounts payable	3,807,691	-	3,807,691
Accrued payroll, compensated absences and payroll related liabilities	8,039,718	-	8,039,718
Accrued expenses and other liabilities	2,381,253	-	2,381,253
Accrued interest expense	277,516	-	277,516
Current portion of long-term debt	12,661,897	-	12,661,897
Current portion of capital lease obligations	207,948	-	207,948
Estimated third-party payor settlements	100,000	-	100,000
Total current liabilities	27,476,023	-	27,476,023
Long-term debt, excluding current portion	53,286,698	-	53,286,698
Capital lease obligations, excluding current portion	88,546	-	88,546
Total liabilities	80,851,267	-	80,851,267
Net Position			
Net position:			
Net investment in capital assets	117,242,263	-	117,242,263
Unrestricted	71,091,395	-	71,091,395
Restricted - by donors	-	3,661,812	3,661,812
Total net position	$ 188,333,658	$ 3,661,812	$ 191,995,470

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Revenues, Expenses and Changes in Net Position

Year ended June 30, 2017

	Primary Enterprise	Component Unit	Total Reporting Entity
Operating revenue:			
Net patient service revenue, net of provision for bad debts of $12,436,153	$ 195,923,561	$ -	$ 195,923,561
Contributions	-	1,007,254	1,007,254
Other revenue	3,957,679	-	3,957,679
Total operating revenue	199,881,240	1,007,254	200,888,494
Operating expenses:			
Salaries and wages	85,205,273	-	85,205,273
Employee benefits	15,193,510	-	15,193,510
Supplies	43,682,550	-	43,682,550
Purchased services	10,216,435	-	10,216,435
Repairs and maintenance	6,289,853	-	6,289,853
Leases and rentals	1,951,160	-	1,951,160
Insurance	1,163,092	-	1,163,092
Depreciation and amortization	13,071,690	-	13,071,690
Other expenses	16,428,987	449,403	16,878,390
Total operating expenses	193,202,550	449,403	193,651,953
Operating income	6,678,690	557,851	7,236,541
Nonoperating income (expenses):			
Investment income	411,893	85,867	497,760
Interest expense	(2,055,083)	-	(2,055,083)
Equity in earnings of joint ventures	1,414,563	-	1,414,563
Contributions received from Williamson County	1,943,624	-	1,943,624
Other, net	964,018	-	964,018
Net nonoperating income	2,679,015	85,867	2,764,882
Excess of revenues over expenses	9,357,705	643,718	10,001,423
Net position at beginning of year	188,333,658	3,661,812	191,995,470
Net position at end of year	$ 197,691,363	$ 4,305,530	$ 201,996,893

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statements of Revenues, Expenses and Changes in Net Position

Year ended June 30, 2016

	Primary Enterprise	Component Unit	Total Reporting Entity
Operating revenue:			
Net patient service revenue, net of provision for bad debts of $11,957,701	$ 184,784,933	$ -	$ 184,784,933
Contributions	-	1,302,357	1,302,357
Other revenue	4,197,547	-	4,197,547
Total operating revenue	188,982,480	1,302,357	190,284,837
Operating expenses:			
Salaries and wages	80,298,612	-	80,298,612
Employee benefits	13,918,967	-	13,918,967
Supplies	41,411,245	-	41,411,245
Purchased services	10,444,934	-	10,444,934
Repairs and maintenance	5,592,229	-	5,592,229
Leases and rentals	1,824,579	-	1,824,579
Insurance	1,213,825	-	1,213,825
Depreciation and amortization	13,082,404	-	13,082,404
Other expenses	14,887,824	604,823	15,492,647
Total operating expenses	182,674,619	604,823	183,279,442
Operating income	6,307,861	697,534	7,005,395
Nonoperating income (expenses):			
Investment income (loss)	343,798	(12,922)	330,876
Interest expense	(1,628,070)	-	(1,628,070)
Equity in earnings of joint ventures	1,600,601	-	1,600,601
Contributions received from Williamson County	1,943,624	-	1,943,624
Loss on sale of fixed assets	(295,966)	-	(295,966)
Other, net	1,030,466	-	1,030,466
Net nonoperating income	2,994,453	(12,922)	2,981,531
Excess of revenues over expenses	9,302,314	684,612	9,986,926
Net position at beginning of year	179,031,344	2,977,200	182,008,544
Net position at end of year	$ 188,333,658	$ 3,661,812	$ 191,995,470

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statement of Cash Flows

Year ended June 30, 2017

	Primary Enterprise
Cash flows from operating activities:	
Receipts from and on behalf of patients	$ 195,748,035
Receipts from other operations	1,676,938
Rent receipts	2,036,553
Payments to vendors for supplies and other	(79,125,005)
Payments to employees	(102,397,981)
Net cash provided by operating activities	17,938,540
Cash flows from noncapital financing activities:	
Contributions received from Williamson County	1,943,624
Net cash provided by noncapital financing activities	1,943,624
Cash flows from capital and related financing activities:	
Capital expenditures, net	(3,589,153)
Principal paid on long-term debt	(5,530,270)
Repayment of capital lease obligations	(208,330)
Interest paid on long-term debt	(2,074,383)
Net cash used by capital and related financing activities	(11,402,136)
Cash flows from investing activities:	
Distributions from joint ventures	828,941
Investment income	411,893
Other, net	964,018
Net cash provided by investing activities	2,204,852
Net increase in cash and cash equivalents	10,684,880
Cash and cash equivalents at beginning of year	43,646,296
Cash and cash equivalents at end of year	$ 54,331,176

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statement of Cash Flows, Continued

Year ended June 30, 2017

	Primary Enterprise
Reconciliation of cash and cash equivalents to the balance sheets:	
Cash	$ 23,067,667
Cash and cash equivalents included in assets limited as to use	31,263,509
Cash and cash equivalents	$ 54,331,176
Reconciliation of operating income to net cash provided by operating activities:	
Operating income	$ 6,678,690
Adjustments to reconcile operating income to net cash provided by operating activities:	
Depreciation and amortization	13,071,690
Provision for bad debts	12,436,153
Increase in operating assets:	
Patient accounts receivable, net	(12,680,257)
Other receivables and other assets	(244,188)
Inventory	(437,859)
Prepaid expenses	(236,609)
Increase (decrease) in operating liabilities:	
Accounts payable	479,572
Accrued payroll, compensated absences and payroll related liabilities	(1,999,198)
Accrued expenses and other liabilities	801,968
Estimated third-party payor settlements	68,578
Total adjustments	11,259,850
Net cash provided by operating activities	$ 17,938,540

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statement of Cash Flows

Year ended June 30, 2016

	Primary Enterprise
Cash flows from operating activities:	
Receipts from and on behalf of patients	$ 182,328,272
Receipts from other operations	2,044,902
Rent receipts	1,856,685
Payments to vendors for supplies and other	(78,639,348)
Payments to employees	(93,471,668)
Net cash provided by operating activities	14,118,843
Cash flows from noncapital financing activities:	
Contributions received from Williamson County	1,943,624
Net cash provided by noncapital financing activities	1,943,624
Cash flows from capital and related financing activities:	
Capital expenditures, net	(15,393,608)
Principal paid on long-term debt	(8,169,463)
Proceeds from issuance of debt	4,221,155
Repayment of capital lease obligations	(235,186)
Interest paid on long-term debt	(1,645,270)
Net cash used by capital and related financing activities	(21,222,372)
Cash flows from investing activities:	
Distributions from joint ventures	941,403
Investment income	343,798
Other, net	1,030,466
Net cash provided by investing activities	2,315,667
Net decrease in cash and cash equivalents	(2,844,238)
Cash and cash equivalents at beginning of year	46,490,534
Cash and cash equivalents at end of year	$ 43,646,296
Noncash transactions:	
Refinancing of note payable to bank (see Note 10)	$ 6,538,166

See accompanying notes to the financial statements.

WILLIAMSON COUNTY HOSPITAL DISTRICT
(a component unit of Williamson County)

Statement of Cash Flows, Continued

Year ended June 30, 2016

	Primary Enterprise
Reconciliation of cash and cash equivalents to the balance sheets:	
Cash	$ 16,574,752
Cash and cash equivalents included in assets limited as to use	27,071,544
Cash and cash equivalents	$ 43,646,296
Reconciliation of operating income to net cash provided by operating activities:	
Operating income	$ 6,307,861
Adjustments to reconcile operating income to net cash provided by operating activities:	
Depreciation and amortization	13,082,404
Provision for bad debts	11,957,701
Increase in operating assets:	
Patient accounts receivable, net	(14,359,241)
Other receivables	(295,961)
Inventory	(278,759)
Prepaid expenses	(448,935)
Increase (decrease) in operating liabilities:	
Accounts payable	(2,560,865)
Accrued payroll, compensated absences and payroll related liabilities	745,911
Accrued expenses and other liabilities	23,848
Estimated third-party payor settlements	(55,121)
Total adjustments	7,810,982
Net cash provided by operating activities	$ 14,118,843

See accompanying notes to the financial statements.

(1) Nature of operations

(a) Organization

Primary Enterprise: Williamson County Hospital District (the "District") operates under the name of Williamson Medical Center (the "Medical Center") and is a general short-term acute care hospital organized as a political subdivision of Williamson County, Tennessee (the "County"). The Medical Center constitutes a component unit of the County, which is considered the primary government unit. The County Commission adopted a resolution in 1992, in conjunction with acquiring title to the property and equipment of the District, giving the District complete authority and responsibility to manage and operate the Medical Center as provided in Chapter 107 of the Private Act of 1957 passed by the Tennessee legislature. The County is financially accountable as it appoints a voting majority of the District's Board of Trustees and the full faith and credit of the County is pledged for payment of principal and interest on the outstanding hospital revenue and tax bonds.

The primary mission of the Medical Center is to provide inpatient and outpatient healthcare services to citizens of Williamson County and surrounding areas. The Medical Center also provides ambulance services in Williamson County.

Discretely Presented Component Unit: Williamson Medical Center Foundation (the "Foundation") is a tax-exempt organization which was established in 2003. The Foundation was formed to coordinate the fund-raising and development activities of the Medical Center which is the sole member of the organization. The activities of the Foundation are reflected in the operating, nonoperating revenues (expenses) and capital grants and contributions as they relate to the Foundation in the accompanying statements of revenues, expenses, and changes in net position. All assets of the Foundation, other than unconditional promises to give, are shown as part of assets limited as to use in the accompanying statements of net position. No contributions to the Foundation were used for capital purposes, and thus all contributions during 2017 and 2016 were classified as operating activities.

The Medical Center follows the provisions of Governmental Accounting Standards Board (GASB) Statement No. 61, *The Financial Reporting Entity: Omnibus an amendment of GASB Statements No. 14 and No. 34*. As a result, the Foundation is included in the accompanying financial statements as a discretely presented component unit of the Medical Center.

As required by accounting principles generally accepted in the United States of America, these financial statements present both Williamson Medical Center and its discretely presented component unit (collectively referred to as the reporting entity).

Financial statements for the discretely presented individual component unit may be obtained at the following address:

Williamson Medical Center
4321 Carothers Parkway
Franklin, TN 37067

(2) Summary of significant accounting policies

(a) Basis of presentation

The Medical Center utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis, which is an economic resources measurement focus approach to accounting. In December 2010, GASB issued Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements.* GASB 62 makes the GASB *Accounting Standards Codification* the sole source of authoritative accounting technical literature for governmental entities in the United States of America. In June 2011, GASB issued Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflow of Resources, and Net Position*. GASB 62 and 63 were effective for periods beginning after December 15, 2011.

(b) Cash and cash equivalents

The Medical Center considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash and cash equivalents consist of amounts maintained in bank deposits and overnight repurchase agreements which are insured by the Federal Deposit Insurance Corporation or are otherwise collateralized as required by state statutes.

(c) Inventories

Inventories consist principally of medical and pharmaceutical supplies and are stated at the lower of cost, determined on the first-in, first-out (FIFO) basis, or market (net realizable value).

(d) Assets limited as to use

Assets limited as to use include cash and investments designated by the Board of Trustees for future capital improvements and debt repayment, over which the Board retains control and may at its discretion use for other purposes; cash and investments from County bond proceeds to be used for capital improvements; and restricted cash and investments from donors through the Foundation. Investments are reported at fair value in accordance with GASB No. 72, *Fair Value Measurement and Application*.

(e) Property and equipment

Property and equipment are recorded at cost. The Medical Center capitalizes purchases that cost a minimum of $5,000 and have a useful life greater than 2 years. Assets are depreciated on a straight-line basis over their estimated useful lives as follows: land improvements 2-25 years; buildings generally 40 years; fixed equipment 5-20 years; and major movable equipment 3-20 years. Assets under capital leases are included in property and equipment and the related amortization and accumulated amortization is included in depreciation and amortization expense and accumulated depreciation and amortization, respectively. The Medical Center reviews the carrying values of long-lived assets if facts and circumstances indicate that recoverability may have been impaired. Costs of maintenance and minor repairs are expensed as incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

(f) Investment in joint ventures

Investments in joint ventures are accounted for under the equity method of accounting and the Medical Center recognizes its proportionate share in the results of the underlying activities of the joint ventures.

(g) Excess consideration provided for acquisition

The Medical Center evaluates excess consideration provided for acquisition for impairment on an annual basis or more frequently if impairment indicators arise. In the event excess consideration provided for acquisition is considered to be impaired, a charge to earnings would be recorded during the period in which management makes such impairment assessment.

(h) Accrual for compensated absences

The Medical Center recognizes an expense and accrues a liability for compensated future employee absences in the period in which employees' rights to such compensated absences are earned. Compensated absences consist of paid days off including holiday, vacation and sick days to qualifying employees.

(i) Patient service revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

(j) Risk management

The Medical Center is exposed to various risks of loss from medical malpractice; torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; and natural disasters. Commercial insurance is purchased for claims arising from such matters. The Medical Center is self-insured for employee medical and other healthcare benefit claims and judgments as discussed in Note 15.

(k) Income taxes

The Medical Center is classified as an organization exempt from federal income taxes as it is a political subdivision of Williamson County. The Foundation is classified as an organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

(l) Net position

The Medical Center's net position is classified in three components. The *net investment in capital assets* consist of capital assets net of accumulated depreciation and reduced by the remaining balances of any outstanding borrowings used to finance the purchase or construction of those assets. The *restricted net position* is the noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Medical Center, including amounts related to County contributions and bond indebtedness restricted for specific purposes. The *unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets or restricted*. The Medical Center first applies restricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position are available. During 2016, $45,341 of net position was released from restrictions and reclassified from restricted to unrestricted. As of June 30, 2017 and 2016, the Medical Center had no permanently or temporarily restricted net assets.

(m) Operating revenues and expenses

The Medical Center's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing healthcare services, the Medical Center's principal activity. Nonexchange revenues, including grants and contributions received by the Medical Center for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

(n) Charity care

The Medical Center accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the Medical Center. In assessing a patient's inability to pay, the Medical Center utilizes generally recognized poverty income levels. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, charges related to charity care are not included in net patient service revenue. These costs are estimated based on the ratio of total costs to gross charges. In addition to these charity care services, the Medical Center provides a number of other services to benefit underprivileged patients for which little or no payment is received, including providing services to TennCare and state indigent patients and providing various public health education, health evaluation and screening programs.

(o) Contributed resources

The Medical Center receives grants from the County, as well as from individuals and private organizations through the Foundation. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts received by the Medical Center that are unrestricted or that are restricted for specific operating purposes are reported as nonoperating income (expenses). Amounts received by the Foundation that are unrestricted or that are restricted for specific operating purposes are reported as operating revenues. Amounts restricted to capital acquisitions are reported as other increases in net position.

(p) Use of estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(q) Performance indicator

Excess of revenues over expenses reflected in the accompanying statements of revenues, expenses and changes in net position is a performance indicator.

(r) Events occurring after reporting date

The Medical Center has evaluated events and transactions that occurred between June 30, 2017 and September 21, 2017, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Fair value measurements

Fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, fair value accounting standards establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity including quoted market prices in active markets for identical assets (Level 1), or significant other observable inputs (Level 2) and the reporting entity's own assumptions about market participant assumptions (Level 3). The Medical Center does not have any fair value measurements using significant unobservable inputs (Level 3) as of June 30, 2017 and 2016. All of the Medical Center's investments are classified as Level 1 under the hierarchy above.

(a) Financial assets

The carrying amount of financial assets, consisting of cash, accounts receivable, accounts payable, accrued expenses and current portions of long-term debt and capital lease obligations approximate their fair value due to their relatively short maturities. Long-term debt and capital lease obligations are carried at amortized cost, which approximates fair value.

(b) Non-financial assets

The Medical Center's non-financial assets, which include property and equipment, are not required to be measured at fair value on a recurring basis. However, if certain triggering events occur, or if an annual impairment test is required and the Medical Center is required to evaluate the non-financial instrument for impairment, a resulting asset impairment would require that the non-financial asset be recorded at the fair value. During the years ended June 30, 2017 and 2016, there were no triggering events that prompted an asset impairment test of the Medical Center's non-financial assets. Accordingly, the Medical Center did not measure any non-recurring, non-financial assets or recognize any amounts in earnings related to changes in fair value for non-financial assets for the years ended June 30, 2017 and 2016.

(4) Net patient service revenue

A significant portion of the amount of services provided by the Medical Center is to patients whose bills are paid by third-party payors such as Medicare, TennCare and private insurance carriers.

A reconciliation of the amount of services provided to patients at established rates to net patient service revenue as presented in the statements of revenues, expenses and changes in net position is as follows:

		2017	2016
Gross patient service charges		$ 575,185,933	$ 556,096,830
Less:	Medicare contractual adjustments	(169,292,281)	(165,233,597)
	TennCare contractual adjustments	(26,980,234)	(26,547,023)
	Other contractual adjustments	(169,731,425)	(166,703,333)
	Bad debt	(12,436,153)	(11,957,701)
	Charity Care	(822,279)	(870,243)
Net patient service revenue		$ 195,923,561	$ 184,784,933

Net patient accounts receivable consists of the following:

	2017	2016
Commercial and managed care plans	$ 12,556,347	$ 12,891,886
Medicare	5,206,471	4,193,077
TennCare	606,055	632,002
Patients, including self-insured	12,511,269	12,015,464
	30,880,142	29,732,429
Less: allowance for uncollectible accounts	(9,896,338)	(8,992,729)
	$ 20,983,804	$ 20,739,700

(5) Third-party reimbursement programs

The Medical Center renders services to patients under contractual arrangements with the Medicare and Medicaid programs. Effective January 1, 1994, the Medicaid program in Tennessee was replaced with TennCare, a managed care program designed to cover previous Medicaid eligible enrollees as well as other previously uninsured and uninsurable participants.

Amounts earned under these contractual arrangements are subject to review and final determination by fiscal intermediaries and other appropriate governmental authorities or their agents. Activity with respect to audits and reviews of governmental programs and reimbursement has increased and is expected to increase in the future. No additional reserves or allowances have been established with regard to these increased audits and reviews as management is not able to estimate such amounts. In the opinion of management, any adjustments which may result from such audits and reviews will not have a material impact on the financial statements; however, due to the uncertainties involved, it is at least reasonably possible that management's estimates will change in the future. In addition, participation in these programs subjects the Medical Center to significant rules and regulations; failure to adhere to such could result in fines, penalties or expulsion from the programs.

The Medicare program pays for inpatient services on a prospective basis. Payments are based upon diagnostic related group assignments, which are determined by the patient's clinical diagnosis and medical procedures utilized.

The Medicare program reimburses for outpatient services under a prospective method utilizing an ambulatory payment classification system which classifies outpatient services based upon medical procedures and diagnosis codes.

The Medical Center contracts with various managed care organizations under the TennCare program. TennCare reimbursement for both inpatient and outpatient services is based upon prospectively determined rates and per diem amounts.

Net patient service revenue related to Medicare and TennCare was approximately $60,446,000 and $4,720,000, respectively, in 2017, and approximately $53,772,000 and $3,250,000, respectively, in 2016.

The Medical Center has also entered into reimbursement agreements with certain commercial insurance companies, health maintenance organizations and preferred provider organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, per diem rates, case rates and discounts from established charges.

The American Recovery and Reinvestment Act of 2009 (ARRA) established incentive payments under the Medicare and Medicaid programs for hospitals that implemented "meaningful use" certified electronic health record (EHR) technology. In order to receive incentive payments, a hospital which is able to meet the meaningful use criteria must attest that during the EHR reporting period, the hospital used certified EHR technology and specify the technology used, satisfied the required meaningful use objectives and associated measures for the applicable stage, and must specify the EHR reporting period and provide the result of each applicable measure for all patients admitted to the inpatient or emergency department of the hospital during the EHR reporting period for which a selected measure is applicable. A hospital may receive an incentive payment for up to four years, provided it successfully demonstrates meaningful use of certified EHR technology for the EHR reporting period. Hospitals that adopt a certified EHR system and are meaningful users can begin receiving incentive payments in any federal fiscal year from 2011 (October 1, 2010 - September 30, 2011) to 2015; however, the incentive payments will decrease for hospitals that first start receiving payments in federal fiscal year 2014 or 2015.

The Medical Center met the meaningful use criteria during 2017 and 2016. As a result, the Medical Center recognized income of approximately $450,000 and $1,022,000 from Medicare in 2017 and 2016, respectively. The income is reported as other revenue on the accompanying statements of revenue, expenses and changes in net position. The Medical Center does not expect to receive any additional Medicare or Medicaid EHR incentive payments.

(6) Assets limited as to use

Assets limited as to use consist of the following:

	2017	2016
Cash restricted by Board for capital improvements	$ 28,230,035	$ 24,402,878
Cash restricted by Board for bond principal and interest payments	3,033,474	2,668,666
Cash and cash equivalents restricted by donors	2,667,561	1,501,207
Investments restricted by donors	880,725	807,544
Assets limited as to use	$ 34,811,795	$ 29,380,295

Balances consist of cash and mutual funds at June 30, 2017 and 2016. The mutual funds are held by the Foundation, which is a discretely presented component unit of the Medical Center and a 501(c)(3) organization. Amounts are classified as noncurrent assets to the extent they are not expected to be used to satisfy current obligations.

Amounts classified as current assets will be used to make bond principal and interest payments.

All assets limited as to use relating to the primary enterprise at June 30, 2017 and 2016 are insured by the Federal Deposit Insurance Corporation, registered or otherwise collateralized by the financial institution through the State of Tennessee Collateral Bank Pool as required by state statutes. See Note 15 for additional information related to the Medical Center's risks with respect to its investments.

(7) Property and equipment

The major classifications and changes in property and equipment as of and for the years ended June 30, 2017 and 2016 are as follows:

	Balance at June 30, 2016	Additions	Transfers/ Retirements	Balance at June 30, 2017
Land	$ 13,599,755	$ -	$ -	$ 13,599,755
Land improvements	2,383,068	59,874	-	2,442,942
Building and fixed equipment	199,520,099	-	1,129,529	200,649,628
Equipment	103,585,651	2,155,965	218,498	105,960,114
Equipment under capitalized leases	15,238,516	-	-	15,238,516
	334,327,089	2,215,839	1,348,027	337,890,955
Less allowance for depreciation and amortization:				
Land improvements	2,330,809	21,043	-	2,351,852
Building and fixed equipment	57,776,171	5,727,002	-	63,503,173
Equipment	79,095,394	7,107,751	-	86,203,145
Equipment under capitalized leases	12,395,609	205,709	-	12,601,318
Total accumulated depreciation and amortization	151,597,983	13,061,505	-	164,659,488
	182,729,106	(10,845,666)	1,348,027	173,231,467
Construction in progress, net	758,246	1,373,314	(1,348,027)	783,533
	$ 183,487,352	$ (9,472,352)	$ -	$ 174,015,000

	Balance at June 30, 2015	Additions	Transfers/ Retirements	Balance at June 30, 2016
Land	$ 10,112,140	$ 3,007,615	$ 480,000	$ 13,599,755
Land improvements	2,383,068	-	-	2,383,068
Building and fixed equipment	138,592,661	-	60,927,438	199,520,099
Equipment	91,317,090	3,559,689	8,708,872	103,585,651
Equipment under capitalized leases	15,238,516	-	-	15,238,516
	257,643,475	6,567,304	70,116,310	334,327,089
Less allowance for depreciation and amortization:				
Land improvements	2,304,498	26,311	-	2,330,809
Building and fixed equipment	52,123,520	5,652,651	-	57,776,171
Equipment	72,189,031	7,187,547	(281,184)	79,095,394
Equipment under capitalized leases	12,189,900	205,709	-	12,395,609
Total accumulated depreciation and amortization	138,806,949	13,072,218	(281,184)	151,597,983
	118,836,526	(6,504,914)	70,397,494	182,729,106
Construction in progress, net	62,625,402	8,826,304	(70,693,460)	758,246
	$ 181,461,928	$ 2,321,390	$ (295,966)	$ 183,487,352

The construction in progress at June 30, 2017 consists primarily of various projects to construct a medical office building to be completed in late 2018 and 2019, renovate certain leased office space, develop certain owned property and upgrade accounting software. Estimated costs to complete these projects amount to approximately $63,000,000 at June 30, 2017.

(8) Investments in joint ventures

The Medical Center has an investment in Shared Hospital Services, Inc. (S.H.S.) which provides laundry and linen services. This investment is in a joint venture in which the Medical Center owns approximately 7% at June 30, 2017 and 2016. Equity earnings are distributed based upon tons of laundry processed by S.H.S.

The Medical Center paid S.H.S. approximately $581,000 and $588,000 for laundry services for 2017 and 2016, respectively.

On June 30, 2013, the Medical Center purchased a 49% ownership interest in Vanderbilt Health and Williamson Medical Center Clinics and Services, LLC (VHWMCCS). VHWMCCS owns and operates two primary care, walk-in clinics located in Williamson County, Tennessee.

On July 31, 2013, the Medical Center purchased a 20% ownership interest in Williamson Imaging, LLC, doing business as Cool Springs Imaging, LLC for $4,500,000. In connection with this purchase and the purchase of the the 49% ownership interest in VHWMCCS discussed above, the Medical Center assumed a $6,700,000 note payable (see Note 10).

Summary information for the joint ventures as of June 30, 2017 and 2016 and for the years then ended, is as follows:

	2017 (Unaudited)	2016 (Unaudited)
Total assets	$ 27,141,000	$ 26,050,000
Total liabilities	$ 3,855,000	$ 5,015,000
Net revenues	$ 38,482,000	$ 37,540,000
Net earnings	$ 6,555,000	$ 6,827,000
Medical Center's interest:		
Investments in joint ventures	$ 15,201,579	$ 14,615,957
Equity in earnings of joint ventures	$ 1,414,563	$ 1,600,601

Financial statements for the joint ventures can be obtained from their respective administrative offices at the following addresses:

Shared Hospital Services, Inc.
641 Mainstream Dr
Nashville, TN 37228

Vanderbilt Health and Williamson Medical Center Clinics and Services, LLC
512 Autumn Springs Court, Suite C
Franklin, TN 37067

Cool Springs Imaging, LLC
2000 Richard Jones Road
Century Plaza, Suite 270
Nashville, TN 37215

(9) Williamson County ambulance service

Pursuant to terms of an agreement with the County, which has been and may continue to be renewed annually upon agreement by both parties, the Medical Center controls and operates the Williamson County Ambulance Service. In accordance with this agreement, the County made unrestricted donations to the Medical Center of $1,943,624 in 2017 and 2016, which are included in nonoperating income in the accompanying statements of revenues, expenses and changes in net position. The agreement also provides for the Medical Center to return all related assets (as defined) of the ambulance service to the County at the end of the contract period. The net book value of assets related to the ambulance service was $1,700,831 and $1,583,656 at June 30, 2017 and 2016, respectively.

(10) Long-term debt

A schedule of changes in the Medical Center's long-term debt is as follows:

	Balance at June 30, 2016	Additions	Reductions	Balance at June 30, 2017	Amounts Due Within One Year
General Obligation Refunding Bonds, Series 2012A	$ 16,745,000	$ -	$ 1,695,000	$ 15,050,000	$ 1,785,000
3.005% Note payable to bank	4,232,501	-	344,321	3,888,180	363,696
2.90% Note payable to bank	3,566,194	-	196,353	3,369,841	242,229
4.50% Note payable to bank	594,547	-	222,743	371,804	231,592
General Obligation School and Public Improvement Bonds, Series 2013	25,990,000	-	960,000	25,030,000	1,005,000
Premium on Series 2013 Bonds	1,926,900	-	109,586	1,817,314	109,587
2.20% Note payable to bank	2,163,165	-	241,208	1,921,957	246,414
2.40% Note payable to bank	7,659,321	-	1,584,416	6,074,905	1,371,518
2.20% Note payable to bank (2016)	3,070,967	-	176,643	2,894,324	180,980
	$ 65,948,595	$ -	$ 5,530,270	$ 60,418,325	$ 5,536,016

	Balance at June 30, 2015	Additions	Reductions	Balance at June 30, 2016	Amounts Due Within One Year
Hospital Revenue and Tax Bonds Series 2004B	$ 750,000	$ -	$ 750,000	$ -	$ -
General Obligation Refunding Bonds Series 2012A	17,660,000	-	915,000	16,745,000	1,695,000
3.09% Note payable to bank (one-month LIBOR + 2.9%)	1,050,000	-	1,050,000	-	-
3.005% Note payable to bank	4,773,912	-	541,411	4,232,501	4,232,501
2.70% Note payable to bank	3,795,684	-	229,490	3,566,194	3,566,194
2.46% Note payable to bank	4,232,097	-	4,232,097	-	-
4.50% Note payable to bank	806,734	-	212,187	594,547	221,283
1.44% Note payable to bank (one-month LIBOR + 1.25%)	5,488,166	-	5,488,166	-	-
General Obligation School and Public Improvement Bonds, Series 2013	26,905,000	-	915,000	25,990,000	960,000
Premium on Series 2013 Bonds	2,036,487	-	109,587	1,926,900	109,587
2.20% Note payable to bank	2,398,823	-	235,658	2,163,165	240,984
2.40% Note payable to bank	-	7,659,321	-	7,659,321	1,459,303
2.20% Note payable to bank (2016)	-	3,100,000	29,033	3,070,967	177,045
	$ 69,896,903	$ 10,759,321	$ 14,707,629	$ 65,948,595	$ 12,661,897

On December 1, 2004, the County issued $15,110,000 in Hospital Revenue and Tax Bonds, Series 2004B (the Series 2004B Bonds) for the purpose of constructing improvements and renovations to and equipping of the Medical Center. Specifically, the 2004B Bonds were used for a multi-phase facility expansion and renovation project, which extended over several years and was substantially completed in 2007. The remaining Series 2004B Bonds became due and were paid on May 1, 2016.

In June 2012, the County issued $17,780,000 in General Obligation Refunding Bonds, Series 2012A (the Series 2012A Bonds) for the purpose of refunding a portion of the Series 2004B and 2004A Bonds ($8,790,000 of the Series 2004B Bonds and $8,990,000 of the Series 2004A Bonds). The Series 2012A Bonds bear interest at rates ranging from 2.000% to 4.000% and are due through May 1, 2025.

The Series 2004B and Series 2012A Bonds are collateralized by a pledge of the net revenues of the Medical Center and security interests in accounts receivable and certain other assets. In the event of a deficiency, the Bonds are payable from unlimited ad valorem taxes levied on all taxable property within the County. The trust indentures related to the Bonds contain certain covenants and restrictions, involving the issuance of additional debt and income available for debt service.

In November 2013, the County issued $30,000,000 in General Obligation School and Public Improvement Bonds, Series 2013 for the purpose of funding the Vanderbilt Pediatrics Clinic expansion project pursuant to a resolution of the County Commission. The bonds were issued at a premium resulting in future principal payments of $27,790,000. The bond premium in the amount of $2,210,000 is amortized as a reduction to interest expense over the term of the bonds. The Series 2013 Bonds bear interest at rates ranging from 3.0% to 5.0% and are due through May 1, 2034.

The Medical Center also issues notes payable to finance certain property and equipment additions. The 3.09% note payable to bank represents amounts drawn under a $10,000,000 line of credit, which converted to a term loan on March 1, 2005, with monthly principal and interest payments based on a 20 year amortization, and was fully paid in March 2016. The 3.005% note payable to bank represents amounts drawn under a $7,500,000 construction loan, which converted to a term loan on December 1, 2008 and was amended again in November 2016 to extend monthly principal and interest payments in the amount of $39,628 through November 2019. This loan is secured by security interests in accounts receivable, excluding Medicare payments. The 2.90% note payable to bank was amended in April 2017 and is payable in monthly amounts of principal and interest of $28,062 through March 2020 with all outstanding principal and interest payments due in April 2020 and is secured by certain accounts receivable of the Medical Center. The amendment also increased the interest rate from 2.70% to 2.90%. The 2.46% note payable to bank secured by certain personal property of the Medical Center and the 1.44% note payable to bank secured by accounts receivable were refinanced in June 2016 with the 2.40% note payable. The 2.40% note payable to bank is payable in monthly principal and interest payments of $135,595 based on a 5 year amortization and matures in June 2019. The 4.50% note payable to bank is payable in monthly amounts of principal and interest of $20,390 through February 2019 and is secured by the Medical Center's deposit accounts and security interests in accounts receivable, excluding Medicare payments. The 2.20% note payable to bank is payable in monthly principal and interest payments of $23,902 based on a 20 year amortization, and matures on October 9, 2020. In November 2017, the interest rate will be adjusted to an annual rate equal to 1.3 basis points in excess of the weekly average yield on United States Treasury securities adjusted to a constant maturity of three years. The interest rate will never exceed 3% and all outstanding principal and interest is due on October 9, 2020. The loan is secured by the encumbering property. The 2.20% note payable to bank (2016) is payable in monthly principal and interest of $20,236 through April 2031 and is secured by the encumbering property.

The debt service requirements at June 30, 2017 related to long-term debt are as follows:

Year	Principal Maturities or Sinking Fund Requirements	Interest
2018	$ 5,536,016	$ 1,912,000
2019	8,914,280	1,698,000
2020	9,609,238	1,381,000
2021	4,623,911	1,134,000
2022	3,617,199	986,000
2023 - 2027	14,936,237	3,163,000
2028 - 2032	9,092,935	1,287,000
2033 - 2034	4,088,509	63,000
	$ 60,418,325	$ 11,624,000

The Medical Center did not capitalize any interest relating to construction projects in 2017. The Medical Center capitalized interest relating to construction projects in the amount of approximately $575,000 in 2016.

Further detail of future maturities and interest of long-term debt by issue is as follows:

Year Ending June 30:	Notes to Banks Principal	Interest	Total
2018	$ 2,636,429	$ 472,000	$ 3,108,429
2019	5,904,693	380,000	6,284,693
2020	6,474,651	189,000	6,663,651
2021	1,359,324	56,000	1,415,324
2022	197,612	45,000	242,612
2023	202,004	41,000	243,004
2024	206,493	36,000	242,493
2025	211,082	32,000	243,082
2026	1,328,723	25,000	1,353,723
	$ 18,521,011	$ 1,276,000	$ 19,797,011

Year Ending June 30:	County Bonds Principal	Interest	Total
2018	$ 2,899,587	$ 1,440,000	$ 4,339,587
2019	3,009,587	1,318,000	4,327,587
2020	3,134,587	1,192,000	4,326,587
2021	3,264,587	1,078,000	4,342,587
2022	3,419,587	941,000	4,360,587
2023	3,574,587	796,000	4,370,587
2024	3,639,587	688,000	4,327,587
2025	2,579,587	588,000	3,167,587
2026	1,569,587	508,000	2,077,587
2027	1,624,587	449,000	2,073,587
2028	1,689,587	389,000	2,078,587
2029	1,749,587	326,000	2,075,587
2030	1,814,587	260,000	2,074,587
2031	1,884,587	192,000	2,076,587
2032	1,954,587	120,000	2,074,587
2033	2,029,587	47,000	2,076,587
2034	2,058,922	16,000	2,074,922
	$ 41,897,314	$ 10,348,000	$ 52,245,314

(11) Other receivables

Other current and long-term receivables at June 30, 2017 and 2016 include receivables from certain physicians and donors. Receivables from certain physicians which were made as part of the Medical Center's recruitment program to attract physicians to the Medical Center's service area amounted to $422,988 and $518,795 at June 30, 2017 and 2016, respectively. Under terms of the related agreements, such receivables will be forgiven over a period of time, generally over three years, as long as the physician continues to practice in the area. The Medical Center is amortizing these loans over the physicians' service commitments. Contributions receivable amounted to $757,244 and $1,353,061 at June 30, 2017 and 2016, respectively. The Foundation solicits pledges of support from board members and others for contributions to be used for specific purposes. The pledges are discounted when recorded to reflect the present value of expected future collections due after one year. Contributions receivable are reported as restricted net assets in the accompanying financial statements and are scheduled to be received as follows:

	2017	2016
Receivable in less than one year	$ 505,000	$ 730,000
Receivable in one to five years	609,000	1,199,000
	1,114,000	1,929,000
Less allowance for uncollectible pledges	(223,000)	(381,000)
Less discount	(133,756)	(194,939)
	$ 757,244	$ 1,353,061

(12) Employees' retirement plan

Tax sheltered annuity program

The Medical Center participates in a tax sheltered annuity program (the "Plan") for substantially all of its employees that have one or more years of service, more than one thousand scheduled hours, and have attained the age of 21. The Plan is administered by Tanner & Associates, Inc. Benefits expense includes approximately $2,127,000 and $1,866,000 in 2017 and 2016, respectively, related to the Medical Center's share of expenses for contributions and service charges on tax-sheltered annuities for covered employees. The Medical Center's contribution percentage is 7% of covered wages for physicians and 10% of covered wages for executives as of June 30, 2017. The Medical Center also matches executives up to 2% of compensation, administrative and non-physician department heads up to 9% of compensation and all other employee contributions up to 5% of compensation. Employees may make voluntary contributions so long as the total amount contributed by the employee does not exceed 25% of the employee's wages or maximum amounts as provided by law. The Plan's investments at June 30, 2017 and 2016 consist of various mutual fund and fixed income investments.

Deferred compensation plan

Effective September 1, 2016, the Medical Center implemented a physician call pay plan. The Medical Center made contributions to the plan of approximately $319,000 during 2017. The plan had assets of approximately $340,000 and a liability of approximately $319,000 at June 30, 2017. The assets are included in other assets and the liability is included in other long-term liabilities on the accompanying statements of net position.

(13) Functional expenses

The following is a summary of management's functional classification of operating expenses:

	2017	2016
Healthcare services	$ 108,831,115	$ 104,479,527
General and administrative	84,820,838	78,799,915
	$ 193,651,953	$ 183,279,442

(14) Leases

The Medical Center leases equipment and office space under capital and operating lease agreements. Future minimum lease payments under capital leases and noncancellable operating leases with initial or remaining lease terms in excess of one year as of June 30, 2017 are as follows:

Year	Capital Leases	Operating Leases
2018	$ 88,843	$ 1,725,000
2019	-	1,475,000
2020	-	1,275,000
2021	-	1,128,000
Total future minimum lease payments	88,843	$ 5,603,000
Less amounts representing interest	(679)	
Present value of net minimum lease payments	$ 88,164	

Lease expense for the years ended June 30, 2017 and 2016 was $1,951,160 and $1,824,579, respectively.

A schedule of changes in the Medical Center's capital leases is as follows:

	2017	2016
Balance at beginning of year	$ 296,494	$ 531,680
Reductions	(208,330)	(235,186)
Balance at end of year	88,164	296,494
Current portion of capital lease obligations	88,164	207,948
Capital lease obligations, excluding current portion	$ -	$ 88,546

The Medical Center generates rental income primarily from operating leases of two medical office buildings. Rental revenue was $2,036,553 and $1,856,685 in 2017 and 2016, respectively, and is included in other revenue.

Approximate future minimum rental revenue under noncancellable leases at June 30, 2017 is as follows:

Year	
2018	$ 1,826,000
2019	1,317,000
2020	1,176,000
2021	1,130,000
2022	915,000
2023 and later years	1,389,000
	$ 7,753,000

Future minimum rental payments generally include minor annual increases for inflation.

(15) Commitments and contingencies

Medical malpractice liability is limited under provisions of the Tennessee Governmental Tort Liability Act (T.C.A. 29-20-403, et seq.), which removed tort liability from governmental entities which, in the opinion of management and legal counsel, includes the Medical Center. In addition to requiring claims to be made in conformance with this Act, special provisions include, but are not limited to, special notice of requirements imposed upon the claimant, a one year statute of limitations, and a provision requiring that the governmental entity purchase insurance or be self-insured within certain limits. This Act also prohibits a judgment or award exceeding the minimum amounts of insurance coverage set out in the Act ($300,000 for bodily injury or death of any one person and $700,000 in the aggregate for all persons in any one accident, occurrence or act) or the amount of insurance purchased by the governmental entity.

The Medical Center maintains commercial insurance on a claims-made basis for medical malpractice liabilities. Insurance coverages are $1,000,000 per claim and $3,000,000 in the aggregate annually with a deductible of $100,000 per claim. In addition, the Medical Center maintains an annual aggregate excess liability policy. Management intends to maintain such coverages in the future. During the past five fiscal years, no settlements of malpractice claims have exceeded insurance coverage limits.

There are known incidents occurring through June 30, 2017 that have resulted in the assertion of claims, although other claims may be asserted, arising from services provided to patients in the past. Management of the Medical Center is of the opinion that such liability, if any, related to these asserted claims will not have a material effect on the Medical Center's financial position. No amounts have been accrued for potential losses related to unreported incidents, or reported incidents which have not yet resulted in asserted claims as the Medical Center is not able to estimate such amounts.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, Medicare fraud and abuse, and, most recently under the provisions of the Health Insurance Portability and Accountability Act of 1996, matters related to patient records, privacy and security. Recently the government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

The Medical Center is self-insured for medical and other healthcare benefits provided to its employees and their families. The Medical Center maintains reinsurance through a commercial excess coverage policy which covers annual individual employee claims paid in excess of $100,000 for the plan year. Contributions by the Medical Center and participating employees are based on actual claims experience. A provision for estimated incurred but not reported claims has been provided in the accompanying financial statements. Total expenses under this program amounted to approximately $10,872,000 and $9,761,000 for the years ended June 30, 2017 and 2016, respectively.

The Medical Center is exposed to risks related to its cash and investments, a portion of which is included in assets limited as to use, although certain risks such as credit risk are mitigated due to the Medical Center's practice of maintaining investments primarily in cash and cash equivalents. The Medical Center's investment policy includes certificates of deposit, bank demand and savings accounts, and investment vehicles of the United States Government. The Medical Center is subject to investment rate risk, the risk that changes in interest rates will adversely affect the fair value of an investment; however, the Medical Center's cash and investments are short-term in nature. The Medical Center's investment policy does not specifically address custodial credit risk, the risk that in the event of failure of a counterparty to a transaction, the Medical Center will not be able to recover the value of the investment or any collateral securities that are in the possession of an outside party, or concentration of credit risk, the risk that the amount of investments the Medical Center has with any one issuer exceeds 5% of its total investment. State statutes require that all deposits with financial institutions must be collateralized by securities whose market value is equal to 105% of the values of the uninsured deposits. The deposits must be covered by federal depository insurance or the Tennessee Bank Collateral Pool, by collateral held by the Medical Center's agent in the Medical Center's name, or by the Federal Reserve Banks acting as third party agents. Statutes also require that securities underlying repurchase agreements must have a market value at least equal to the amount of funds invested in the repurchase transaction. Substantially all of the Medical Center's cash and assets limited as to use are held in institutions which participate in the Tennessee Bank collateral pool.

Management continues to implement policies, procedures, and compliance overview organizational structure to enforce and monitor compliance with the Health Insurance Portability and Accountability Act of 1996 and other government statues and regulations. The Medical Center's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions which are unknown or unasserted at this time.

The Centers for Medicare and Medicaid Services ("CMS") have implemented a Recovery Audit Contractors ("RAC") program. The purpose of the program is to reduce improper Medicare payments through the detection and recovery of overpayments. CMS has engaged subcontractors to perform these audits and they are being compensated on a contingency basis based on the amount of overpayments that are recovered. While management believes that all Medicare billings are proper and adequate support is maintained, certain aspects of Medicare billing, coding and support are subject to interpretation and may be viewed differently by the RAC auditors. The Medical Center has not recorded any potential losses as of June 30, 2017; however, the amount of actual losses incurred could differ materially from this estimate.

In March 2010, the Patient Protection and Affordable Care Act was signed into law, along with the Health Care and Education Reconciliation Act of 2010 (collectively, the "Affordable Care Act"). The passage of the Affordable Care Act has resulted in comprehensive reform legislation that is expected to expand health care coverage to millions of currently uninsured people beginning in 2014 and provide for significant changes to the U.S. health care system over the next ten years. To help fund this expansion, the Affordable Care Act outlines certain reductions in Medicare reimbursements for various health care providers, as well as certain other changes in Medicare payment methodologies. This comprehensive health care legislation provides for extensive future rulemaking by regulatory authorities, and also may be altered or amended.

Due to the complexity of the Affordable Care Act's laws, lack of current implementation regulations and interpretive guidance, and response by CMS and other participants in the health care industry to the choices available under the law, it is difficult for the Medical Center to predict the full impact of the law on the Medical Center's operations. Additionally, pending legislative proposals which may be adopted may affect the Medical Center. The provisions of the legislation and other regulations implementing the provisions of the Affordable Care Act may materially impact the Medical Center through increased costs, decreased revenues, and additional exposure to potential liability.

LBMC MAKE A GOOD BUSINESS BETTER

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Trustees
Williamson County Hospital District
Franklin, Tennessee:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and the discretely presented component unit of Williamson County Hospital District (Williamson Medical Center) (the "Medical Center"), a component unit of Williamson County, Tennessee, as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements, and have issued our report thereon dated September 21, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Medical Center's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Medical Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Medical Center's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Medical Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that would be required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Medical Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

LBMC, PC

Brentwood, Tennessee
September 21, 2017

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

JULIE MILLER, Chief Operating Officer of Williamson Medical Center, being first duly sworn, says that she is the applicant named in this application or its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Julie Miller, COO
SIGNATURE/TITLE

Sworn to and subscribed before me this 13th day of July, 2018 a Notary Public in and for the County/State of Williamson, TN.

Leigh Williams
NOTARY PUBLIC

LEIGH WILLIAMS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires May 9, 2021

My commission expires May 9, 2021.
(Month/Day) (Year)

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

August 1, 2018

Ms. Julie Miller
Williamson Medical Center
4321 Carothers Parkway
Franklin, TN 37067

RE: **Certificate of Need Application – Bone and Joint Institute of TN Surgery Center, LLC- CN1807-035**

The establishment of a single-specialty ASTC limited to orthopedic surgery and the Bone and Joint Institute of Tennessee physician employees. The facility is to be located at 3000 Edward Curd Lane, Franklin (Williamson County), TN. It will include six operating rooms plus two additional operating rooms that will be built out but not equipped for potential future use. The Bone and Joint Institute of Tennessee Surgery Center LLC currently has one member, Williamson Medical Center. If approved, it will convert to a multi-member LLC, of which 51% of the interests will be owned by Williamson Medical Center and up to 49% of the other interests held by the Bone and Joint Institute of Tennessee Surgery Center physician employees. The estimated project cost is $25,644,460.

Dear Ms. Miller:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health, Division of Policy, Planning, and Assessment for Certificate of Need review. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is Trent.Sansing@tn.gov or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1607, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project began on August 1, 2018. The first 60 days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the 60-day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review. You will receive a copy of their findings. The Health Services and Development Agency will review your application on October 24, 2018.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

- All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: August 1, 2018

RE: Certificate of Need Application
Bone and Joint Institute of TN Surgery Center, LLC- CN1807-035

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on August 1, 2018 and end on October 1, 2018.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: Julie Miller

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the *The Tennessean* (Name of Newspaper) which is a newspaper of general circulation in Williamson (County), Tennessee, on or before July 10 (Month / day), 2018 (Year), for one day.

==========

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Bone and Joint Institute of Tennessee Surgery Center (Name of Applicant) N/A (Facility Type-Existing)

owned by: Bone and Joint Institute of Tennessee Surgery Center, LLC with an ownership type of limited liability company and to be managed by: Williamson Medical Center intends to file an application for a Certificate of Need for: the establishment of a single specialty ambulatory surgical treatment center containing six operating rooms; plus two additional operating rooms that will be built out (but not equipped) for potential future use. This ambulatory surgical treatment center will be limited to orthopedic outpatient surgical cases performed by medical physicians who are employees of the Bone and Joint Institute of Tennessee, an affiliate of Williamson Medical Center. This project will be located at 3000 Edward Curd Lane, Franklin, Tennessee, 37067 (Williamson County), in the Bone and Joint Institute of Tennessee building now under construction. The estimated project costs are approximately $25,000,000. This project does not contain any major medical equipment or inpatient beds.

The anticipated date of filing the application is July 13, 2018.

The contact person for this project is Julie Miller (Contact Name) Chief Operating Officer (Title)

who may be reached at: Williamson Medical Center, (Company Name) 4321 Carothers Parkway (Address)

Franklin (City) TN (State) 37067 (Zip Code) 615 / 435-51622 (Area Code / Phone Number)

Julie Miller (Signature) 7/10/18 (Date) jmiller@wmed.org (E-mail Address)

==========

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

==========

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

==========

Supplemental #1 (Original)

Bone and Joint Institute of TN Surgery Center, LLC

CN1807-035

Supplemental #1
July 27, 2018
3:43 P.M.

July 27, 2018

Mr. Phillip M. Earhart
HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Via Hand Delivery

Re: Certificate of Need Application CN1807-035
Bone and Joint Institute of Tennessee Surgery Center

Dear Mr. Earhart:

Set forth below are the responses of Bone and Joint Institute of Tennessee Surgery Center dated July 23, 2018. We have filed these in triplicate, as you directed, along with an affidavit regarding the responses. If you have any questions or need additional information, please advise.

1. Item 3, Section A. Executive Summary A. Overview (1) Description

It is noted the project will be located in the building currently under construction which will house the Bone and Joint Institute of Tennessee building. Please describe the building and indicate the total square footage.

RESPONSE: The BJIT building is a 4-level building (including the space below the first floor) currently under construction. It will contain approximately 121,000 square feet, and, in addition to the Project, which will be on the first floor, will house physician offices for the physicians employed by the BJIT on the two floors above as well as some space for other outpatient services of Williamson Medical Center. The building will be owned by Williamson Medical Center.

Please identify all entities that will occupy the building and estimated square footage for each entity.

RESPONSE: As noted above, the Project will be located on the ground level, which, together with its support space in the floor below the first floor, will comprise 42,036 square feet of the building. BJIT physician offices and WMC outpatient service space will utilize the remainder of the building.

Please provide specific reasoning and explanation for the exclusion of a procedure room.

RESPONSE: The BJIT physicians have identified the need for outpatient operating rooms in the Project. They anticipate focusing their services there on cases which should be performed in operating rooms.

2. **Item 3, Section A. Executive Summary A. Overview (2) Economic Feasibility**

The applicant references project CN1707-022A as a prior CON application to compare OR cost. However, please provide a brief description of CN1707-022A and its service area.

RESPONSE: Certificate of need number CN1707-022A was filed by Saint Thomas Surgery Center New Salem, LLC. It was for a multi-specialty ASTC with two ORs and one procedure room. Its primary service area is Rutherford County. It did not include Williamson County in its secondary service area. Its Project Cost Chart showed a total project cost of approximately $16.2 million, which was a mix of rent payment totals, construction costs, equipment costs and fees.

3. **Section A. Project Details, 4.B Type of Ownership of Control**

Is the maximum number of physicians who could have an ownership interest in the ASTC thirteen?

RESPONSE: No. Thirteen is the current number of physicians employed by Bone and Joint Institute of Tennessee. Additional orthopedic specialists could become employed by BJIT in the future. However, the percentage of physician ownership in the applicant cannot exceed 49%. Thus, if future BJIT physician employees desire ownership in the applicant and all 49% of the interests in the applicant have previously been acquired by physicians, the new physicians seeking ownership in the applicant will have to acquire their interests from the other physician owners.

Will the shares of ownership to these members equal 49% ownership in the LLC?

RESPONSE: Not necessarily. However, physician ownership in the applicant cannot exceed 49% of the total interests therein.

Is Williamson Medical Center willing to hold a greater percentage of ownership than 51% if the physicians invest less than 49%?

RESPONSE: Yes.

4. **Section A. Project Details ,Item 5, Name of Management/Operating Entity**

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract.

RESPONSE: The requested draft management agreement is attached to these Responses.

5. **Section A. Project Details , Item 6A, Legal Interest in the Site of the Institution**

Please provide a copy of the property deed.

RESPONSE: The requested property deed copy is attached to these Responses.

Please provide the referenced Option to Lease agreement. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

RESPONSE: The requested option to lease agreement is attached to these Responses.

6. **Section A. Project Details Item 6.A (Plot Plan, 6.B (Floor Plan), 6.3 Public Transportation**

The plot plan is noted. However, the plot plan appears too busy and appears difficult to follow. Please attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. *DO NOT SUBMIT BLUEPRINTS*. **Simple legible line drawings should be submitted and need not be drawn to scale.**

a) Plot Plan **must include**:

b) Size of site (***in acres***);

c) Location of structure on the site;

d) Location of the proposed construction/renovation; and

e) Names of streets, roads or highway that cross or border the site.

RESPONSE: The requested plot plan is attached to these Responses.

The floor plan is noted. However, the submitted floor plans are not legible. Please provide revised legible enlarged floor plans on an 8 ½ by 11 sheet(s) of paper.

RESPONSE: The requested floor plans are attached to these Responses.

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

RESPONSE: Williamson Medical Center is the location of a trolley stop. This trolley is operated by the by TMA group/Franklin Transit Authority. A copy of the official trolley route illustration is attached to these Responses.

10. Section A. Project Details, Item 12, Square Footage and Cost Per Square Footage Chart

Please complete the Square Footage and Cost Per Square Footage Chart and submit a replacement page 13 (labeled as 13R).

RESPONSE: The completed Square Footage and Cost Per Square Footage Chart is attached to these Responses as replacement page 13R.

7. Section B, Need, (Specific Criteria –ASTC) Item 2.

It appears the applicant numbered Item #2 as Item #5 on page 16. Please number question on page 16 #2 and submit a replacement page 16 (labeled as 16R).

RESPONSE: Item No. 5 on page 16 is the correct State Health Plan Standard No. 5. In the application, the application omitted State Health Plan ASTC Standards 2-4, which are set forth and responded to below.

SHP Standards:

2. Need and Economic Efficiencies. An applicant must estimate the projected surgical hours to be utilized per year for two years based on the types of surgeries to be performed, including the preparation time between surgeries. Detailed support for estimates must be provided.

RESPONSE: As shown by the responses to Supplemental Request No. 11 below, the orthopedic surgeons who practice at this surgery center will be performing orthopedic cases averaging 90 minutes per case, with a 15 minute average turnaround time between cases. The result of this is that the percentage of schedulable time used for surgery will be approximately 92% of the schedulable time.

One reason the average case time is 90 minutes is that a number of these orthopedic procedures will be joint replacement procedures and other complex outpatient orthopedic cases. BJIT physicians who will be performing joint replacements, as permitted by payors, at the Project are the following physicians: Drs. Byrum, Looney, Stark, Calendine, Perkinson, Thomas and Arthur in year 2. The 5,400 cases projected to be done in year 1 of the Project, which amounts to approximately 3.63 cases per room per day will yield a schedulable percentage of time used of 70%, counting turnaround time, of the available schedulable time. The surgical hours used will be 9,450 in year 1 of the Project's operation, and 10,395 hours of surgical time, including preparation time between surgeries, in year 2 of the Project's operations.

3. Need; Economic Efficiencies; Access. To determine current utilization and need, an applicant should take into account both the availability and utilization of either: (a) all existing outpatient Operating Rooms and Procedure Rooms in a Service Area, including physician office based surgery rooms (when those data are officially reported and available[1]) OR (b) all existing comparable outpatient Operating Rooms and Procedure Rooms based on the type of Cases to be performed. Additionally, applications should provide similar information on the availability of nearby out-of-state existing outpatient Operating Rooms and Procedure Rooms, if that data are available, and provide the source of that data. Unstaffed dedicated outpatient Operating Rooms and unstaffed dedicated outpatient Procedure Rooms are considered available for ambulatory surgery and are to be included in the inventory and in the measure of capacity.

RESPONSE: As is shown below in responses to Supplemental Request No. 8, the four existing ASTCs in Williamson County are very busy. Their operating room surgical utilization currently averages out to be 120% of the 884 cases per operating room standard under the State Health Plan for an optimum utilization of an outpatient operating room. Furthermore, the 2017 utilization of area ASTC procedure rooms was at 106% of the optimum utilization for an outpatient procedure room set forth by the State Health Plan.

Furthermore, there are no other inpatient acute care hospitals in Williamson County. Thus, given the concentration of orthopedic physicians at Williamson Medical Center, under the BJIT affiliation process, there is a significant need for the outpatient operating rooms proposed in this Project. There are no identifiable unstaffed outpatient operating rooms in the service area. Thus, the need and economic efficiencies exist for the HSDA to grant this certificate of need.

4. Need and Economic Efficiencies. An applicant must document the potential impact that the proposed new ASTC would have upon the existing service providers and their referral patterns. A CON application to establish an ASTC or to expand existing services of an ASTC should not be approved unless the existing ambulatory surgical services that provide comparable services regarding the types of Cases performed, if those services are known and relevant, within the applicant's proposed Service Area or within the applicant's facility are demonstrated to be currently utilized at 70% or above.

RESPONSE: The applicant asserts that the grant of a certificate of need for the Project will not have a negative impact upon existing service providers and their referral patterns. As shown by the responses to Request for Supplemental Information No. 8 as answered below, existing surgery centers which provide outpatient orthopedic surgery have operating rooms currently being utilized in excess of the 884 cases per year that is the

[1] The Department of Health is currently in the rule-making process necessary to implement the statute requiring the collection of office-based surgery data (Public Chapter 373, 2007). The Division recognizes that the Department of Health does not have sufficient data available on hospital ambulatory/outpatient surgery rooms at this time to include them in the determination of need; however, the Division plans to work with stakeholders towards this goal.

optimum utilization for a dedicated outpatient operating room. As noted in the CON application itself and by these Responses, Williamson Medical Center itself is a participant in this proposed surgery center, and will own, at a minimum, 51% of the interests in the applicant LLC. Therefore, Williamson Medical Center will continue to participate in the revenues from orthopedic outpatient surgery in Williamson County.

Please complete the following table for Year 2 of the proposed project:

Operating Rooms	# cases	# cases/ Room	Minutes Used	Average Turnaround Time	Schedulable minutes*	% of Schedulable Time Used
Operating Room #1						
Operating Room #2						
Operating Room #3						
Operating Room #4						
Operating Room #5						
Operating Room #6						
Total Surgical Suite						

* defined as the summation of the minutes by each room available for scheduled cases
Example: 7:30 AM to 4:30 PM, 5 days per week, 50 weeks/ year, equates to 9 hrs/day X 60 min/hr = 540 minutes/day X 5 days/week = 2,700 minutes / week X 50 weeks/year=135,000 schedulable minutes/room X the number of rooms=surgical suite schedulable capacity

RESPONSE: The requested chart is set forth below. It has included turnaround time in the "Minutes Used" column entries.

Operating Rooms	# cases	# cases/ Room	Minutes Used	Average Turnaround Time	Schedulable minutes*	% of Schedulable Time Used
Operating Room #1	990	3.96	103,950	15	135,000	77%
Operating Room #2	990	3.96	103,950	15	135,000	77%
Operating Room #3	990	3.96	103,950	15	135,000	77%

Supplemental #1
July 27, 2018
3:43 P.M.

Operating Room #4	990	3.96	103,950	15	135,000	77%
Operating Room #5	990	3.96	103,950	15	135,000	77%
Operating Room #6	990	3.96	103,950	15	135,000	77%
Total Surgical Suite	5940	23.76	623,700	15	810,000	77%

* defined as the summation of the minutes by each room available for scheduled cases

8. Section B, Need, (Specific Criteria –ASTC) Items 3, 4 and 5.

Please complete the following chart for Williamson County ASTCs.

2015-2017 Service Area Utilization Trend

County	ASTC	2015 Orth. Cases	2015 Total Cases	2015 Orth. as a %Total	2016 Orth. Cases	2016 Total Cases	2016 Orth. as a %Total	2017 Orth. Cases	2017 Total Cases	2017 Orth. as a %Total	Orth. Cases '15-'17 % change	Total Cases '15-'17 % change
	Grand Total/Average											

Orth=Orthopedic Surgery
Source: ASTC JAR

RESPONSE:

2015-2017 Service Area Utilization Trend

County	ASTC	2015 Orth. Cases	2015 Total Cases*	2015 Orth. as a % Total	2016 Orth. Cases	2016 Total Cases*	2016 Orth. as a % Total	2017 Orth. Cases	2017 Total Cases	2017 Orth. as a %Total	Orth. Cases '15-'17 % change	Total Cases '15-'17 % change
Wmson	Cool Springs ASC	83	5,448	1.5%	57	5,698	1%	58	5,289	1%	(25%)	(30%)
Wmson	CrossRoads ASC	0	0	0	0	0	0	0	0	0	0	0
Wmson	Franklin Endo Ctr	649	1,028	63%	703	1,283	54.8%	892	2,128	41.9%	249	37.4%
Wmson	Vanderbilt-Ingram	0	0	0	0	0	0	0	0	0	0	0
	Grand Total/Average	**732/183**	**6,476/ 1,619**	**11.1%**	**760/190**	**6,481/ 1,745**	**10.9%**	**950/238**	**7,417/ 1,854**	**12.8%**	**30.6%**	**14.5%**

** Cases performed in ORs.*
Orth=Orthopedic Surgery
Source: ASTC JAR

Please provide the Williamson County Medical Center outpatient surgical utilization from the latest three year period in the following table:

2015 Cases	2015 Orthopedic Cases	2015 Orthopedic as a % of Total	2016 Cases	2016 Orthopedic Cases	2016 Orthopedic as a % of Total	2017 Cases	2017 Orthopedic Cases	2017 Orthopedic as a % of Total	% Change 2015-2017 Orth. Cases	% Change 2015-2017 OP. Cases

RESPONSE: The requested utilization chart is set forth below:

2015 Cases	2015 Orthopedic Cases	2015 Orthopedic as a % of Total	2016 Cases	2016 Orthopedic Cases	2016 Orthopedic as a % of Total	2017 Cases	2017 Orthopedic Cases	2017 Orthopedic as a % of Total	% Change 2015-2017 Orth. Cases	% Change 2015-2017 OP. Cases
5,298	833	15.72%	5,858	972	16.59%	6,009	1,040	17.31%	24.8%	13.4%

Please complete the following table using the latest Joint Annual Report Data for ASTCs in the service area.

2017 Service Area ASTC Utilization

County	ASTC	# ORs	# OR Cases	# Cases per OR	% of meeting 884 Minimum		# PRs	# PR Cases	# Cases per PR	% of Meeting 1,867 Minimum
	Grand Total/Average									

Source: ASTC JAR

RESPONSE: The requested 2017 service area ASTC utilization table is set forth below:

2017 Service Area ASTC Utilization

County	ASTC	# ORs	# OR Cases	# Cases per OR	% of meeting 884 Minimum		# PRs	# PR Cases	# Cases per PR	% of Meeting 1,867 Minimum
Williamson	Cool Springs ASC	5	5,284	1,058	83.75%		2	4,054	2,027	76%
Williamson	Cross Roads ASC	0	0	0	0		2	2,454	1,394	52.25%
Williamson	Franklin Endoscopy	2	2,128	1,064	84.24%		2	3,837	1,919	71.93%
Williamson	Vanderbilt - Ingram Cancer	0	0	0	0		5	11,089	2,218	83.16%
	Grand Total/Average	7	7,417	1,060	120%		11	21,767	1,979	106%

Source: ASTC JAR

9. Section B, Need, (Specific Criteria –ASTC) Item 8 Access to ASTCs and Item C, Page 19

Please complete the following patient origin chart for Williamson Medical Center 2017 Outpatient Surgical Cases.

County	# of patients	% of patients
Williamson		
County #1		
County #2		
Etc.		
Total of Other Counties (less than 3% from each county)		
Total		100%

RESPONSE: The requested patient origin chart is set forth below:

County	# of patients	% of patients
Williamson	2681	44.62%
Maury	1050	17.47%
Davidson	515	8.57%
Rutherford	291	4.84%
Marshall	252	4.84%
Total of other counties (less than 3% from each county)	1220	20.3%
Total	6009	100%

Please complete the following patient origin chart for Year One of the proposed project.

County	Projected ASTC Utilization by County Residents	% of total procedures
Williamson		
County #2		
Etc.		
Total of Other Counties (less than 3% from each county)		
Total		100%

RESPONSE: The requested patient origin chart for Year One of the Project is set forth below. These data reflect the practices of the BJIT employee physicians at the proposed ASTC.

County	Projected ASTC Utilization by County Residents	% of total patients
Williamson	3,200	59.3%
Maury	540	10%
Davidson	378	7%
Marshall	216	4%
Rutherford	216	4%
Lawrence	216	4%
Total of Other Counties (less than 3% from each county)	634	11.7%
Total	5,400	100%

10. Section B, Need Item D.B, Demographic Table, Page 23

Please clarify if the current year (2018) and projected year (2022) are used in the demographic table on page 23. If not, please revise and submit a replacement page 23 (labeled as 23R)

RESPONSE: The demographic table on page 23 did not utilize 2022 TDOH data. A revised page 23 is attached to these Responses.

It is noted all the population of Williamson County is the target population of the proposed project. Of Year One projections, what is the percentage of 65+ patients?

RESPONSE: Of the Project's Year One projections, the percentage of 65+ patients is projected to be approximately 27%.

11. Section B, Need Item F, Page 23

Provide complete the following tables for the proposed project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Please complete the following table for the most recent year available identifying the number of cases performed at area outpatient surgical facilities:

Surgeon	WMC	Cool Springs ASC	Franklin Endos. ASC	Other (Specify) _____	Other (Specify) _____	Total
Arthur						
Byram						
Calendine						
Derr						
Klekamp						
Kutsikovich						

Looney						
McNamara						
Perkinson						
Stark						
Thomas						
Watson						
Wurth						
Total						

RESPONSE: The requested physician utilization chart is set forth below for the year 2017:

Surgeon	WMC	Cool Springs ASC	Franklin Endos. ASC	Total
Arthur	44	0	0	44
Byram	69	0	0	69
Calendine	60	0	0	60
Derr	91	0	0	91
Klekamp	191	0	0	191
Kutsikovich	76	0	0	76
Looney	140	0	0	140
McNamara	152	0	0	152
Perkinson	65	0	0	65
Stark	21	0	0	21
Thomas	22	0	0	22
Watson	85	0	0	85
Wurth	24	0	0	24
Total	**1040**	**0**	**0**	**1040**

How many Williamson County residents had surgical cases performed outside of Williamson County in 2017?

RESPONSE: According to THA data, approximately 2,740 Williamson County residents had an outpatient orthopedic surgical case performed in a hospital outside of Williamson County in 2017.

Please complete the following table for Williamson Medical Center and The proposed ASTC.

	Actual			Projected	
Year	**2015**	**2016**	**2017**	**Yr. 1**	**Yr.2**
WMC Outpatient Cases					

WMC Outpatient Orth. Cases					
OP Orth. Cases as a % of Total OP Cases					
ASTC Cases					
Total Cases					
Total OP Orth Cases					
Total OP Orth. Cases as a % of Total OP Cases					

RESPONSE: The physician employees of BJIT were employed by another hospital prior to 2018. Their utilization of WMC and the Project are assumed to rise significantly in 2018 and afterward, compared to their utilization of WMC prior to 2018. The requested chart is set forth below:

	Actual			Projected	
Year	**2015**	**2016**	**2017**	**Yr. 1**	**Yr.2**
WMC Outpatient Cases	5298	5858	6009	6404	6825
WMC Outpatient Orth. Cases	833	972	1040	0	0
OP Orth. Cases as a % of Total OP Cases	15.72%	16.59%	17.31%	0.00%	0.00%
ASTC Cases				5400	5940
Total Cases	5298	5858	6009	11804	12765
Total OP Orth Cases	833	972	1040	5400	5940
Total OP Orth. Cases as a % of Total OP Cases	15.72%	16.59%	17.31%	45.75%	46.53%

12. Section B. Economic Feasibility Item A, Project Cost Chart

The Project Cost Chart is noted. However, please complete line D (Estimated Project Cost) and submit a replacement Project Cost Chart page (labeled as 25R).

RESPONSE: The completed and completed Project Cost Chart is attached hereto as replacement page 25R.

13. Section B. Economic Feasibility Item A.5

For projects that include new construction, modification, and/or renovation—documentation must be provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:

a) A general description of the project;

b) An estimate of the cost to construct the project;

c) A description of the status of the site's suitability for the proposed project; and

d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

RESPONSE: The requested architect letter is attached to these Responses.

14. Section B. Economic Feasibility Item B.5

It is noted the proposed project will be funded by cash reserves. Please provide appropriate documentation from the Chief Financial Officer of the organization providing the funding for the project of the availability and commitment to use cash reserves to fund the proposed project.

RESPONSE: The requested documentation from Paul Bolin, the CFO for Williamson Medical Center, is attached to these Responses.

15. Section B. Economic Feasibility, Item D

The Projected Data Chart is noted. However, there appears to be several calculation errors in Sections E and F. Please revise and submit a replacement page 30.

RESPONSE: The revised Projected Data Chart is attached to these Responses as replacement page 30R.

Section D.6 "Other Operating Expenses" in the amount of $641,825 in Year One and Year Two does not match the Year One and Year Two breakout of Other Expenses in the amount of $ 70,480 in Year One and Year Two on page 31. Please complete the "other expenses" table on page 31 to match line D.6 in the Projected Data Chart and submit a revised page 31 (labeled as 31R).

RESPONSE: The revised page 31 is attached to these Responses as revised page 31R.

16. Section B. Economic Feasibility Item E.1

The project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project is noted. However, the Deduction from Revenue and Average Net Charges for Year One and Year Two appear incorrect. Please correct and submit a replacement page 32 (labeled as 32R)

RESPONSE: The corrected replacement page 32R is attached to these Responses.

17. Section B. Economic Feasibility Item E.3

Please compare the proposed charges to ASTCs in the adjoining service area, or to recently approved ASTCs approved by the Health Services and Development Agency.

RESPONSE: The Project's proposed gross average charge is $12,000. Average charges for ASTCs in adjoining service areas such as Davidson and Rutherford Counties are as follows: 2017 Davidson: Centennial Surgery Center - $14,526 average charge. 2017 Premier Orthopedic Surgery - $10,336 average charge.

18. Section B. Economic Feasibility Item F.3 Capitalization Ratio

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet.

RESPONSE: As the parent company, Williamson Medical Center's capitalization ratio using the most recent year available from Williamson Medical Center's audited balance sheet is 21.8%.

19. Section B. Orderly Development, Item B

It is noted by the applicant Williamson Medical Center will not be negatively impacted by the project since it is part of the proposed project. However, in Williamson Medical Center's the 2016 Joint Annual Report, there were 5,046 total outpatient surgical cases, of the total cases 2,002 or 36.7%, were orthopedic cases. Please clarify the following:

- What percentage of orthopedic surgical cases will be shifted from Williamson Medical Center to the proposed ASTC?

RESPONSE: The 2016 Joint Annual Report that records Williamson Medical Center's orthopaedic outpatient surgical cases at 2,002 is incorrect, due to data input errors. The correct number of outpatient orthopaedic surgical cases in 2016 was 972. This number represents 17% of Williamson Medical Center's total outpatient surgical cases. Williamson Medical Center assumes that virtually all of its outpatient orthopaedic surgical cases will move to the Project once it is completed. The Applicant projects that the number of orthopedic surgical cases performed at the Project will be significantly

higher than the number of orthopedic outpatient surgical cases performed at WMC prior to 2018, when the physician employees of BJIT were employed by another hospital.

- How many operating rooms are dedicated to orthopedic surgery at Williamson Medical Center and what was there % of schedulable time used in 2017?

RESPONSE: Williamson Medical Center does not have any dedicated outpatient operating rooms for orthopedic surgery.

20. Section B. Quality Measures

Please verify and acknowledge the applicant will be evaluated annually whether the proposal will provide health care that meets appropriate quality standards upon the following factors:

a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;

b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;

c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;

d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;

e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered;

f) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;

g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.

h) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.

1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:

(ii) Accreditation Association for Ambulatory Health Care, and where applicable, American Association for Accreditation of Ambulatory Surgical Facilities, for Ambulatory Surgical Treatment Center projects.

RESPONSE:

a) Yes, the applicant will maintain an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent. The applicant and representatives of WMC have determined that the payor mix chart on page 34 of the application was based on WMC's inpatient payor mix. A correct payor mix chart, on replacement page 34R, is attached to these Responses. The revised payor mix chart reflects the expected outpatient gross revenue percentages.

b) Yes, the applicant will maintain staffing comparable to the staffing chart presented in its CON application;

c) Yes, the applicant will obtain and maintain all applicable state licenses in good standing;

d) Yes, the applicant will obtain and maintain TennCare and Medicare certification(s);

e) The Project does not yet exist, so this question is not applicable to this application;

f) The Project does not yet exist, so this question is not applicable to this application.

g) The applicant plans to participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess our level of performance in relation to established standards and to implement ways to continuously improve.

h) The applicant plans to participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess our level of performance in relation to established standards and to implement ways to continuously improve.

1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized

programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:

(ii) Accreditation Association for Ambulatory Health Care, and where applicable, American Association for Accreditation of Ambulatory Surgical Facilities, for Ambulatory Surgical Treatment Center projects.

RESPONSE: The applicant plans to seek accreditation by the Joint Commission.

For Ambulatory Surgical Treatment Center projects, whether the applicant has estimated the number of physicians by specialty expected to utilize the facility, developed criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel, and documented the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.

RESPONSE: The practices at the ASTC will be limited to orthopedic surgery only. The applicant verifies that it has estimated the number of physicians by specialty expected to utilize the facility, developed criteria to be used by the facility in extending survival and anesthesia privileges to medical personnel, and documented the availability of appropriate and qualified staff that will provide ancillary support services, whether on-or-off site.

21. Project Completion Forecast Chart

Please complete the Project Completion Forecast Chart and provided a replacement page 43 (labeled as 43R).

RESPONSE: The Project Completion Forecast Chart has been completed and is attached as replacement page 43R. As it demonstrates, construction of this MOB is already underway. Because the MOB is owned by WMC and will house WMC outpatient (nonsurgical) treatment areas, which will be part of the hospital itself, plans for the MOB have been submitted to the staff of the Board for Licensing Healthcare Facilities. These actions are shown on the Project Completion Forecast Chart.

Signature on Following Page

Supplemental #1
July 27, 2018
3:43 P.M.

Sincerely,

Julie Miller

WHW/mhh

Enclosures

SERVICES AGREEMENT

This Services Agreement (the "Agreement") is entered into and made to be effective as of this 1st day of July, 2009, by and between WILLIAMSON COUNTY HOSPITAL DISTRICT d/b/a WILLIAMSON MEDICAL CENTER ("the Hospital") and BONE AND JOINT INSTITUTE OF TENNESSEE SURGERY CENTER, LLC, a Tennessee limited liability company ("the Company").

W I T N E S S E T H

WHEREAS, The Company owns and operates an ambulatory surgery center known as Bone and Joint Institute of Tennessee Surgery Center located at 3000 Edward Curd Lane, Franklin, (Williamson County), TN 37067; and

WHEREAS, The Hospital operates an acute care hospital located in a building currently under construction on the campus of Williamson Medical Center, on the Southwestern side, to Bone and Joint Institute of Tennessee Surgery Center in Williamson County, Tennessee; and

WHEREAS, In order to provide quality patient care and to ensure efficient operations while containing operational costs, Bone and Joint Institute of Tennessee Surgery Center desires to purchase certain operational services directly from the Hospital; and

WHEREAS, In consideration of the payments to be made by the Bone and Joint Institute of Tennessee Surgery Center, the Hospital wishes to provide Bone and Joint Institute of Tennessee Surgery Center with certain operational services.

NOW, THEREFORE, for and in consideration of the mutual covenants contained herein, and other good and valuable consideration, the parties hereto agree as follows:

1. **Operational Services.** The Hospital shall provide Bone and Joint Institute of Tennessee Surgery Center with certain services designed to manage the operation of the Center. Said services shall include the operational services described in Exhibit A attached hereto and incorporated by reference.

2. **Operational Services Fee.** The Bone and Joint Institute of Tennessee Surgery Center shall pay a fee for the operational services as provided in Section 1 and Exhibit A of this Agreement on a monthly basis on or before the fifth (5^{th}) day of each month during the term hereof. Such fee shall total 5.5% of annual net operating revenue of the Bone and Joint Institute of Tennessee Surgery Center and such fee shall be reviewed and renegotiated, if necessary, by the parties upon contract renewal. The parties shall not amend the fee during the original term of this Agreement and any subsequent amendment shall be evidenced by a writing

signed by the parties and attached hereto. All payments shall be paid when due, without invoice, demand or right of set-off, by check made payable to Williamson Medical Center and sent to:

Williamson County Hospital District, d/b/a
Williamson Medical Center
4321 Carothers Road
Franklin, TN 37067
ATTN: _____

3. **Employee Perquisites.** The Hospital shall grant Bone and Joint Institute of Tennessee Surgery Center employees certain facility based perquisites that are granted to Hospital employees. Said perquisites shall be de minimis in nature and shall not include any vesting or compensatory benefits offered to Hospital employees. Said perquisites shall include, but, shall not be limited to, the items delineated in Exhibit B attached hereto and incorporated by reference.

4. **Term and Termination.** The term of this Agreement shall commence on May 1, 2019, and end five years later at midnight on April 30, 2024. This Agreement shall automatically renew for additional one (1) year terms unless and until a party provides the other party with notice of an intent to not renew the Agreement at least ninety (90) days prior to the Agreement's expiration.

This Agreement may be terminated by either party in the event a party breaches any of the material terms of this Agreement, which breach is either (i) not capable of being cured, or (ii) not cured or remedied within thirty (30) days after delivery of written notice to the breaching party specifying the nature of the breach, unless the nature of the breach is such that more than thirty (30) days are required for its cure and remedy.

5. **Assignment Prohibited.** This Agreement shall not be assigned by either party without the prior written consent of the other party.

6. **Governing Law.** The laws of the State of Tennessee shall govern the validity, performance, and enforcement of this Agreement. The Hospital is a governmental entity under the laws of Tennessee.

7. **Regulatory Matters.** The Hospital and the Bone and Joint Institute of Tennessee Surgery Center enter into this Agreement with the intent of conducting their relationship and implementing this Agreement in full compliance with applicable federal, state and local laws including without limitation, the Medicare/Medicaid Anti-Kickback statute (the "**Anti-Kickback Law**", 42 USC § 1320a-7b) and the Ethics in Patient Referrals Act (the "**Stark III Law**", 42 USC § 1395nn), as amended. Notwithstanding any unanticipated effect of any of the provisions of this Agreement, neither party will intentionally conduct itself under these terms in a manner that would constitute a violation of the Anti-Kickback Law or the Stark

III Law. Without limiting the generality of the foregoing, the parties expressly agree that nothing contained herein contemplates, requires, induces or intends to induce either party to refer any patients to the other, or to any affiliate or subsidiary of the other. Neither party shall receive any compensation or remuneration for referrals, if any. The parties further stipulate and agree that this Agreement is, to the best of their knowledge, upon commercially reasonable terms and furthers the commercially reasonable business purposes of the parties.

8. **Change in Law.** If any legislation, regulation or government policy is passed or adopted, the effect of which would cause either party to be in violation of those laws due to the existence of any provision of this Agreement, then the parties agree to negotiate in good faith within a period of thirty (30) days to modify the terms of this Agreement to comply with applicable law. Should the parties fail to agree upon modified terms within this time, either party may immediately terminate this Agreement by giving written notice to the other party.

9. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and may not be modified except in writing signed by both parties.

10. **Successors and Assigns.** Except as otherwise expressly provided, all provisions shall be binding upon and shall inure to the benefit of the parties, their permitted heirs, executors, administrators, legal representatives, successors and assigns.

11. **Indemnity.** To the extent permitted by Tennessee law, each party specifically reserves any common law right of indemnity and/or contribution which either party may have against the other. As a governmental entity, the Hospital's ability to indemnify is governed by state law.

12. **Parties Relationship.** This Agreement shall not create any employer/employee relationship or any agency relationship between the parties or the parties' employees. The parties do not intend to enter into a joint venture and this Agreement shall not evidence such intent. The parties to this Agreement shall at all times act as independent contractors. Neither the Hospital nor the Bone and Joint Institute of Tennessee Surgery Center shall have the authority to bind the other party to any contractual or other arrangements except as expressly provided in this Agreement

13. **Waiver.** Any waiver of any term, covenant, or condition of this Agreement by any party shall not be effective unless set forth in writing, signed by the party granting such waiver, and in no event shall any waiver be deemed to be a waiver of any other term, covenant or condition of this Agreement or any subsequent waiver of the same term, covenant, or condition.

14. **Confidentiality.** The parties agree to comply with all Hospital policies and procedures regarding the confidentiality of patient medical records and with all

applicable laws, rules and regulations regarding the confidentiality of patient medical records.

15. **Severability.** The invalidity of unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision.

16. **Construction of Agreement.** The headings used in this Agreement have been prepared for the convenience of reference only and shall not control, affect the meaning, or be taken as an interpretation of any provisions of this Agreement. This Agreement has been prepared on the basis of the mutual understanding of the parties and shall not be construed against either party by reason of such party's being the drafter hereof.

17. **Counterpart Signatures.** This Agreement may be executed in one or more counterparts (facsimile transmission or otherwise), each counterpart shall be deemed an original and all of which shall constitute but one Agreement.

18. **No Violation.** Each party represents and warrants to the other party as of the effective date hereof, that the execution, delivery and performance by such party of this Agreement will not conflict with, violate or result in a material breach or constitute a material default (with or without the lapse of time, the giving of notice, or both) under any written or oral agreement to which such party is a party or by which it is bound.

19. **Jurisdiction.** Any action or proceeding seeking to enforce any provision of, or based on any right arising out of, this Agreement may be brought against either of the parties only in the courts of the State of Tennessee, County of Williamson, or if applicable, any federal court sitting in Davidson County, Tennessee, and each of the parties consents to the exclusive jurisdiction of such courts (and of the appropriate appellate courts) in any such action or proceeding and waives any objection to venue laid therein. Process in any action or proceeding referred to in the preceding sentence may be served on either party anywhere in the world.

20. **Force Majeur.** No party shall be liable for any failure, inability or delay to perform hereunder, if such failure, inability or delay is due to war, strike, fire, explosion, sabotage, accident, casualty, governmental law or regulation, or any other cause beyond the reasonable control of the party, and due diligence shall be used in curing such cause and in resuming performance

(SIGNATURE PAGE TO FOLLOW)

IN WITNESS WHEREOF, the parties have set their hands on the day and year first written above.

WILLIAMSON COUNTY HOSPITAL DISTRICT d/b/a WILLIAMSON MEDICAL CENTER

_____
Don Webb, CEO

BONE AND JOINT INSTITUTE OF TENNESSEE SURGERY CENTER, LLC

_____

By: _____

EXHIBIT A

OPERATIONAL SERVICES

1. Phone system service (leasing/maintaining system)
2. Internet service access
3. Network access
4. Meditech service access for patient information
5. Meditech service access for maintenance work orders
6. Forms Fast service
7. Marketing Services
8. Hospital GPO access
9. Credentialing service
10. Cancer registry service
11. Identification service (Name badges)
12. Linen service
13. Environmental Services
14. Security Services
15. Compliance Services
16. Risk Management Services
17. Human Resources and Benefits Services

Supplemental #1
BK: 6289 PG: 372-376
1407036
July 29, 2018
5 PGS:AL-DEED
357100 3:43 P.M.
10/01/2014 - 02:08 PM
BATCH 357100
MORTGAGE TAX 0.00
TRANSFER TAX 0.00
RECORDING FEE 25.00
DP FEE 2.00
REGISTER'S FEE 0.00
TOTAL AMOUNT 27.00
STATE OF TENNESSEE, WILLIAMSON COUNTY
SADIE WADE
REGISTER OF DEEDS

THIS INSTRUMENT PREPARED BY:
Kenneth P. Ezell, Jr.
Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.
Baker Donelson Center, Suite 800
211 Commerce Street
Nashville, Tennessee 37201

Pick Up

SPECIAL WARRANTY DEED

Address New Owner as Follows:	*Send Tax Bills To*
Williamson County Hospital District DBA Williamson Medical Center 4321 Carothers Parkway Franklin, Tennessee 37067	Same
Map & Parcel No.:079-046.00 001and a portion of Map 079, Parcel 046.00	

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, and other good and valuable consideration, receipt of which is hereby acknowledged, BYRD D. CAIN, JR., an individual residing in Williamsport, Tennessee ("Grantor"), has bargained and sold and does hereby transfer and convey unto WILLIAMSON COUNTY HOSPITAL DISTRICT DBA WILLIAMSON MEDICAL CENTER, a Tennessee governmental hospital district ("Grantee"), its successors and assigns, a certain tract of land located in Williamson County, Tennessee and described as follows (the "Property"):

See Exhibit A

This is unimproved property known as 1413 Murfreesboro Road, Franklin, Tennessee 37067.

TO HAVE AND TO HOLD the Property, together with all the appurtenances and hereditaments thereunto belonging or in anywise appertaining, to the said Grantee, its successors and assigns, forever.

AND Grantor does hereby covenant with Grantee that it is lawfully seized and possessed of the Property in fee simple and that it has good right to sell and convey the same.

AND Grantor does further covenant and bind itself, its successors and assigns, to warrant and forever defend the title to the Property against the lawful claims of all persons claiming by, through or under Grantor, but no further or otherwise, subject however to the matters set forth on Exhibit B.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

Supplemental #1
July 27, 2018
3:43 P.M.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be executed on this 30th day of September, 2014.

BYRD D. CAIN, JR., an Individual

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

The actual consideration or value, whichever is greater, for this transfer is $2,525,080.00.

AFFIANT

Subscribed and sworn to before me this 30th day of September, 2014.

JEAN C. POTEETE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

NOTARY PUBLIC

My Commission Expires:
5/22/2017

N CAS03 1410436 v2
2820180-000015

Supplemental #1
July 27, 2018
3:43 P.M.

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

Personally appeared before me, Jean C. Poteete, a Notary Public in and for said State and County, BYRD D. CAIN, JR., the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

WITNESS my hand, at office, this 30th day of September, 2014.

JEAN C. POTEETE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

NOTARY PUBLIC

My Commission Expires:
5/22/2017

N CAS03 1410436 v2
2820180-000015

Supplemental #1
July 27, 2018
3:43 P.M.

EXHIBIT A

LEGAL DESCRIPTION

That certain tract or parcel of land lying and being situated in the Ninth (9th) Civil District of Williamson County, Tennessee, and being Lot No. 2 as set forth on the Final Plat of the Byrd D. Cain & Lads, Inc. property of record in Plat Book 60, page 56, Register's Office of Williamson County, Tennessee.

Being a portion of the property conveyed to Byrd D. Cain, Jr. by Warranty Deed of William Midgett, Trustee, of record in Deed Book 187, page 226, Register's Office of Williamson County, Tennessee.

Supplemental #1
July 27, 2018
3:43 P.M.

EXHIBIT B

EXCEPTIONS

1. Taxes and Assessments for the year 2014 and subsequent years not yet due and payable.

2. Easements granted Middle Tennessee Electric Membership Corporation of record in Book 1132, page 904, Register's Office of Williamson County, Tennessee.

3. Easements granted Middle Tennessee Electric Membership Corporation of record in Book 6251, page 928, Register's Office of Williamson County, Tennessee.

4. Matters shown on the Final Plat of the Byrd D. Cain & Lads, Inc. property of record in Plat Book 60, page 56, Register's Office of Williamson County, Tennessee.

5. Lack of access to and from I-65 a controlled access highway as set forth in Final Decree of record in Deed Book 128, page 528, Register's Office of Williamson County, Tennessee.

6. Scrivener's Affidavit of record in Book 6287, page 1, Register's Office of Williamson County, Tennessee.

Supplemental #1
July 27, 2018
3:43 P.M.
Julie Miller

OPTION TO LEASE AGREEMENT

THIS OPTION TO LEASE AGREEMENT made and entered into as of this 13th day of July, 2018, by and between Williamson Medical Center ("Lessor") and Bone and Joint Institute of Tennessee Surgery Center, LLC ("Lessee").

WITNESSETH

WHEREAS, Lessor owns real estate at 3000 Edward Curd Lane, Franklin, TN 37067; and

WHEREAS, Lessor desires to enter into an option with Lessee whereby Lessor grants to Lessee the option to lease the space in the building being developed at the Property (the "Leased Space") comprising approximately 42,036 square feet of space in the Property, to be used to house therein an ambulatory surgery treatment center ("ASTC"), which option must be exercised as set forth the below:

NOW, THEREFORE, for and in consideration of the mutual promises set forth herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto herby agree as follows;

SECTION 1
GRANT OF OPTION

1.1 Lessor hereby grants to Lessee an exclusive option to lease the Leased Space, upon the terms and conditions set forth herein, for good and valuable consideration in the amount of $100.00.

1.2 The term of Lessee's option to lease the Leased Space shall commence on the date hereof and shall continue for a period of one hundred one hundred eighty (180) days from the date hereof (the "Option Period"). The Option Period may be extended at any time prior to its expiration upon the mutual consent of the parties.

1.3 Lessee shall exercise its option to lease the Leased Space by delivering written notice to Lessor within the Option Period by registered or certified mail, or in person.

1.4 The parties agree that the Leased Space is to be used for the ambulatory surgical treatment center described above and that the Lessee must obtain a certificate of need from the Tennessee Health Services and Development Agency in order to occupy the Leased Space as set forth herein. Should the Lessee fail to maintain said certificate of need, or should the exercise of this option operate to cause any permit held by either party to be void, this Option to Lease Agreement shall immediately expire, unless otherwise extended by the parties by mutual consent in writing.

Supplemental #1
July 27, 2018
3:43 P.M.

SECTION II
TERMS AND CONDITIONS OF THE LEASE

2.1 The parties agree to execute a formal lease agreement, subject to any terms and conditions contained in this Option to Lease Agreement and with such other terms to be mutually agreed upon.

2.2 The initial base rent for the Leased Space in the first year of the lease shall be $1,261,080. The rent for the leased space shall increase by 2% per year for each subsequent year of the lease term.

2.3 The initial term of the lease shall expire, unless extended, ten years from its commencement date.

SECTION III
MISCELLANEOUS PROVISIONS

3.1 Any notices require or permitted herein shall be addressed as follows:

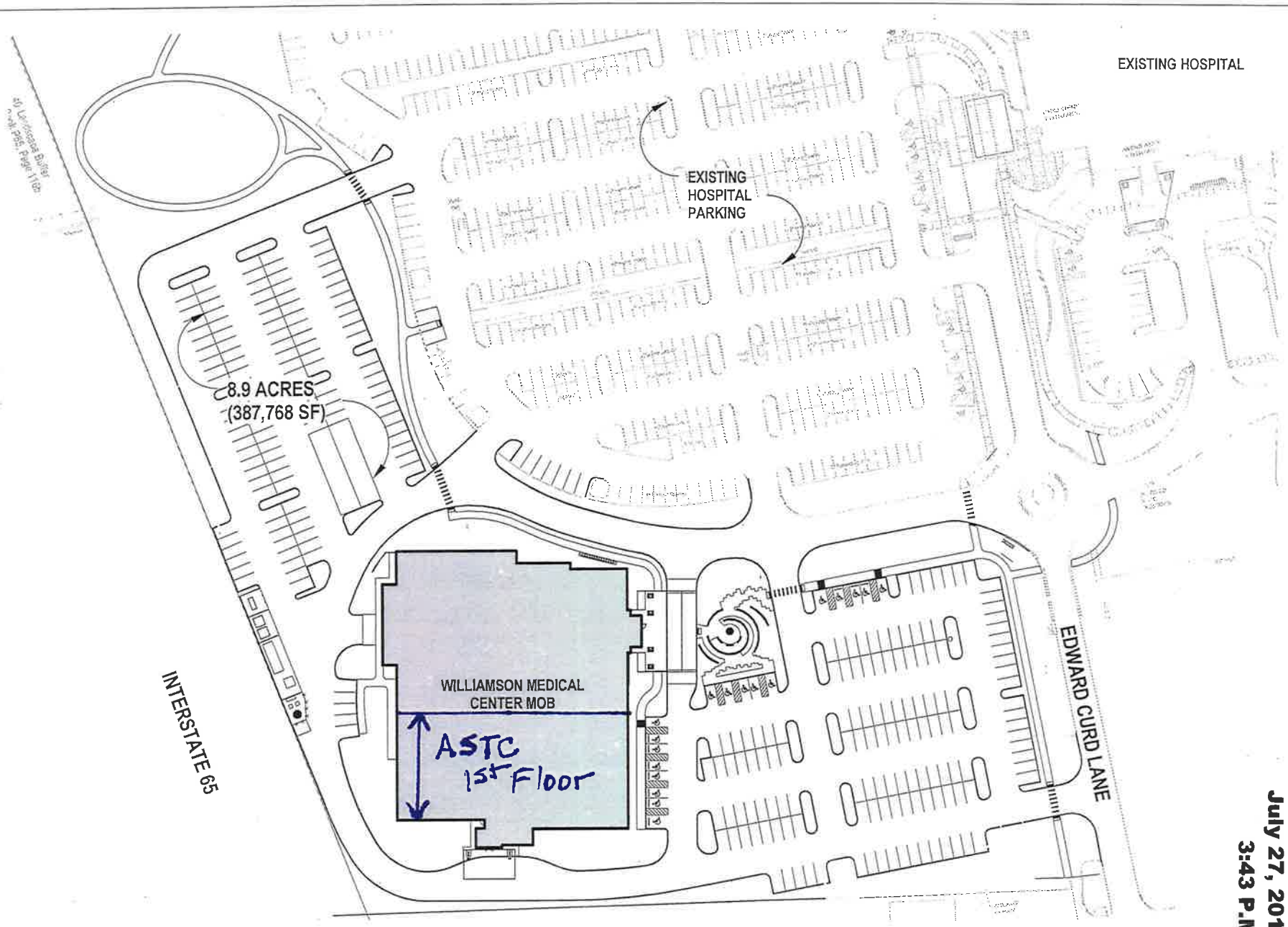
As to Lessor:
Williamson Medical Center
4321 Carothers Parkway
Franklin, TN 37067
Attention: Don Webb, CEO

As to Lessee:
Bone and Joint Institute of Tennessee Surgery Center, LLC
4321 Carothers Parkway
Franklin, TN 37067
Attention: Don Webb

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by such party, as of the date first above written.

LESSOR: Williamson Medical Center
By: Donald Webb — Donald Webb
Title: CEO
Date: 7/13/2018 7:59:11 AM PDT

LESSEE: Bone and Joint Institute of Tennessee Surgery Center, LLC
By: Donald Webb with permission by Julie Kelly, COO
Title: CEO
Date: 7/27/18



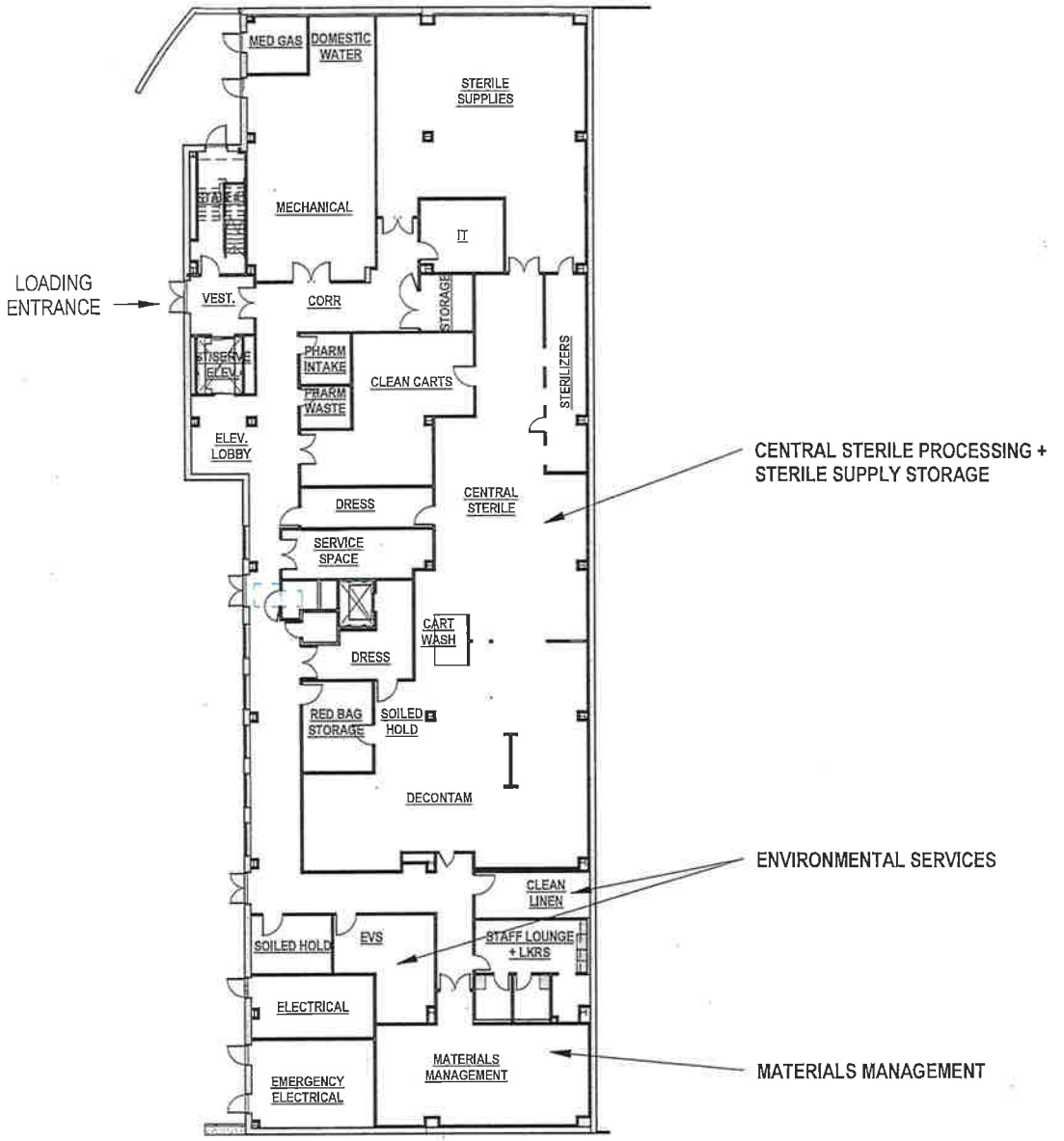
Supplemental #1

July 27, 2018

3:43 P.M.

ESa | **WILLIAMSON MEDICAL CENTER MOB**

Franklin, TN - 16115.01 - 7.25.18

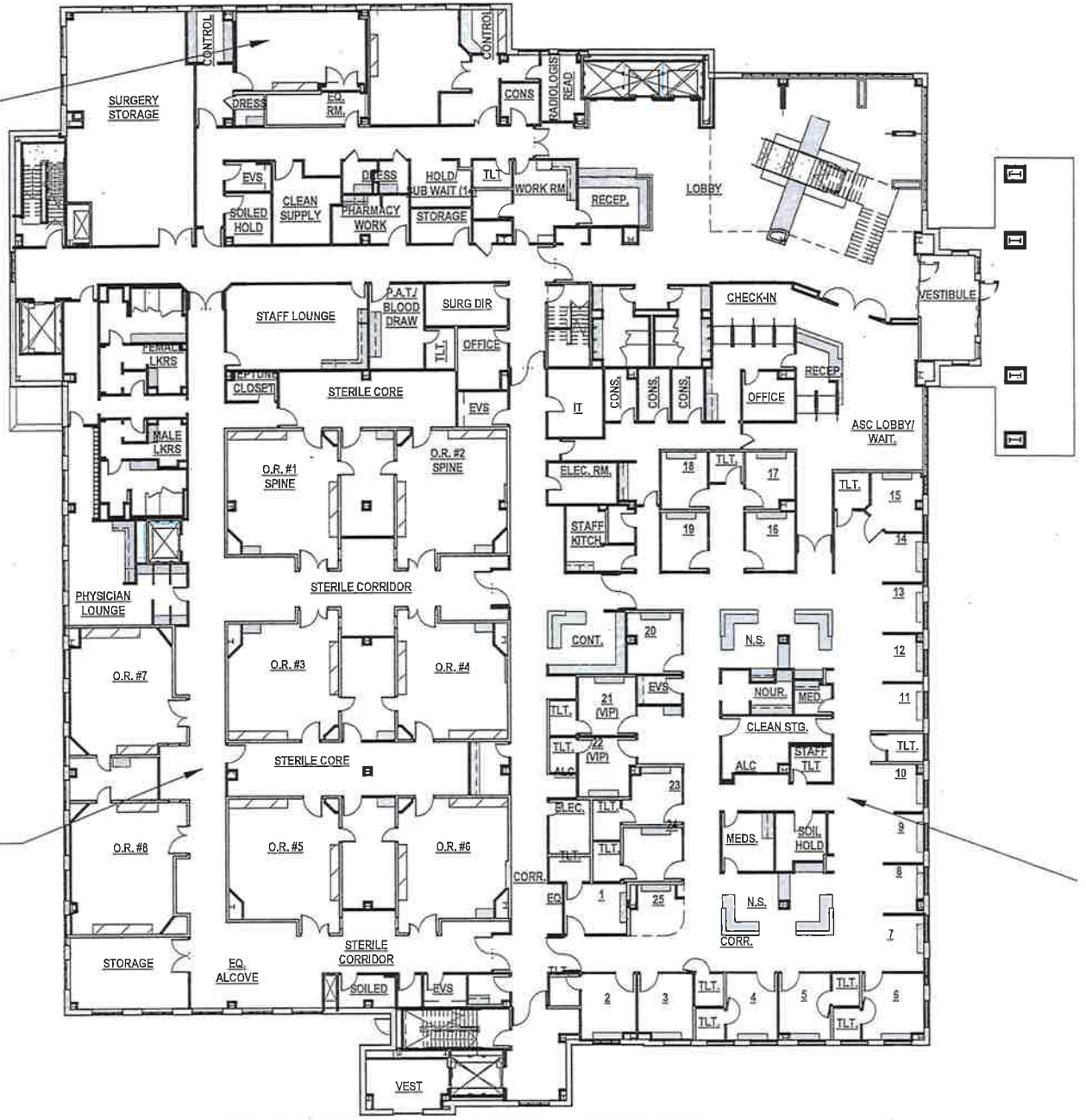


WILLIAMSON MEDICAL CENTER MOB - LOWER LEVEL

Franklin, TN - 16115.01 - 07.25.18

Supplemental #1
July 27, 2018
3:43 P.M.

IMAGING -
HOSPITAL OUTPATIENT
IMAGING



AMBULATORY SURGERY DEPARTMENT, SIX OPERATING ROOMS WITH TWO ADDITIONAL OPERATING ROOMS TO BE CONSTRUCTED BUT HELD EMPTY FOR POTENTIAL FUTURE USE

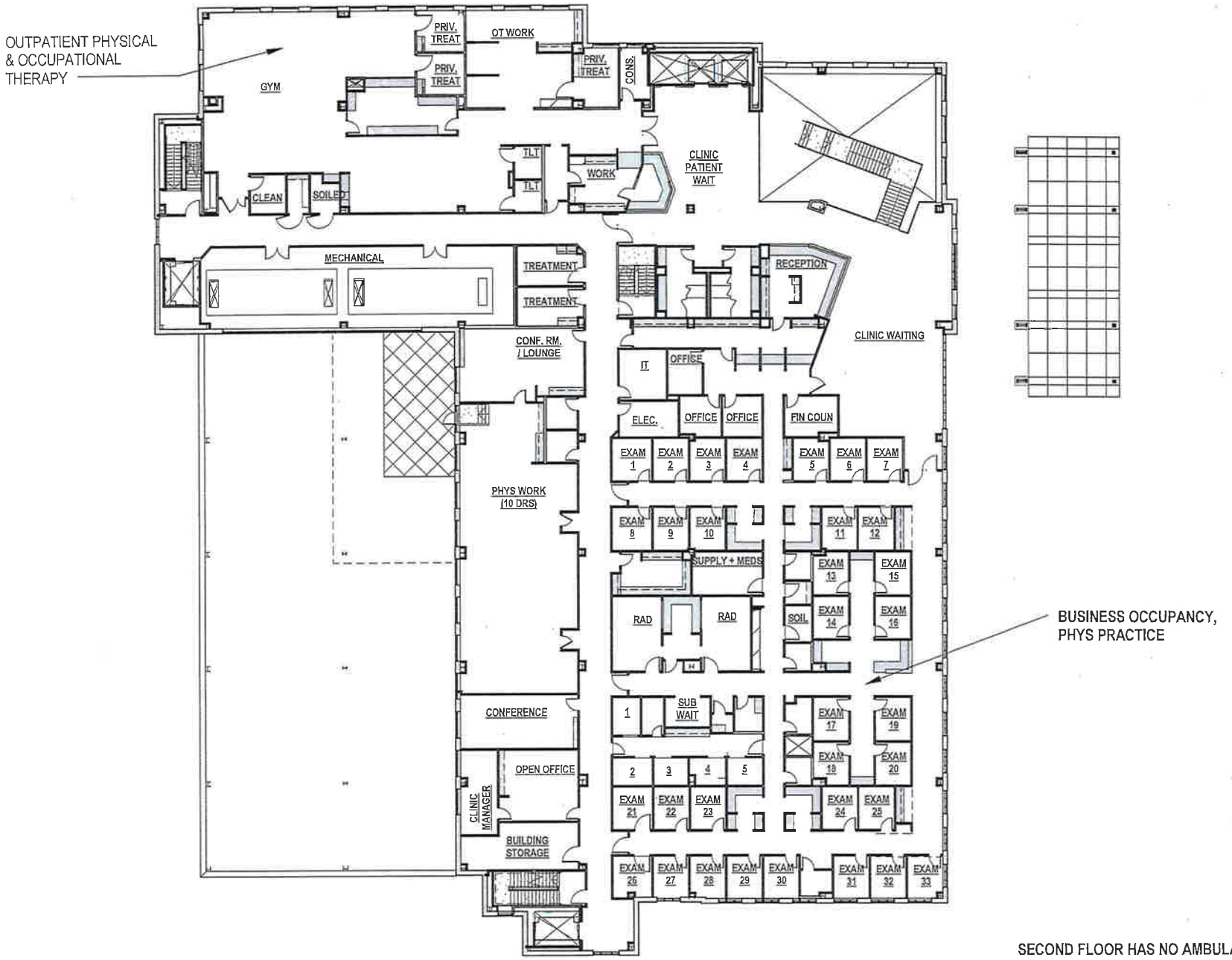
PRE-OP + PACU
25 BAYS INCLUDING
NINE 23 HOUR BEDS

Supplemental #1
July 27, 2018
3:43 P.M.

ESa

WILLIAMSON MEDICAL CENTER MOB - FIRST FLOOR

Franklin, TN - 16115.01 - 07.25.18



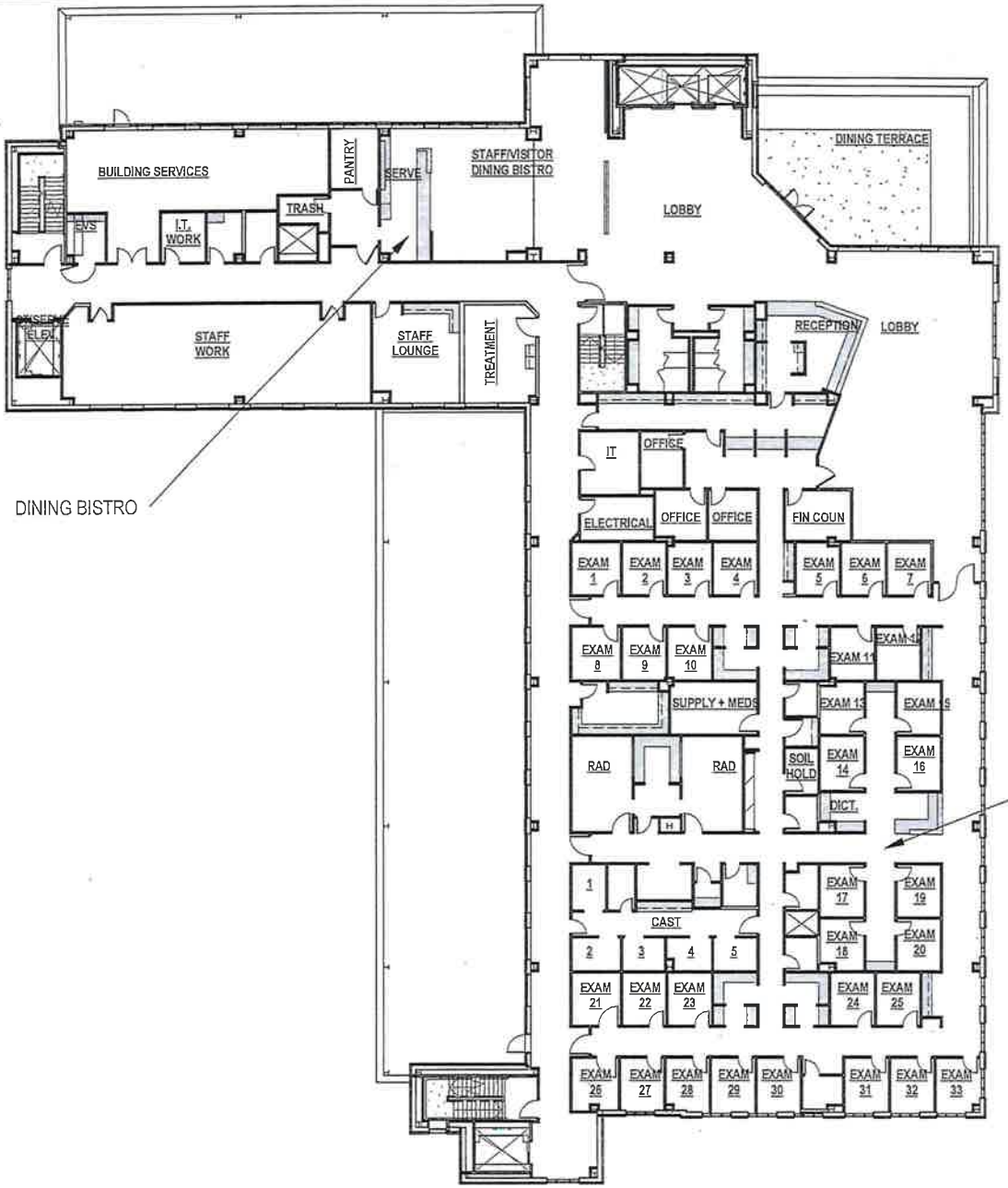
ESa

WILLIAMSON MEDICAL CENTER MOB - SECOND FLOOR

Franklin, TN - 16115.01 - 07.25.18

SECOND FLOOR HAS NO AMBULATORY OCCUPANCY OR IMAGING OR CORRESPONDING SUPPORT SERVICES, SUBMITTED FOR RECORD ONLY.

Supplemental #1
July 27, 2018
3:43 P.M.



ESa

WILLIAMSON MEDICAL CENTER MOB - THIRD FLOOR

Franklin, TN - 16115.01 - 07.25.18

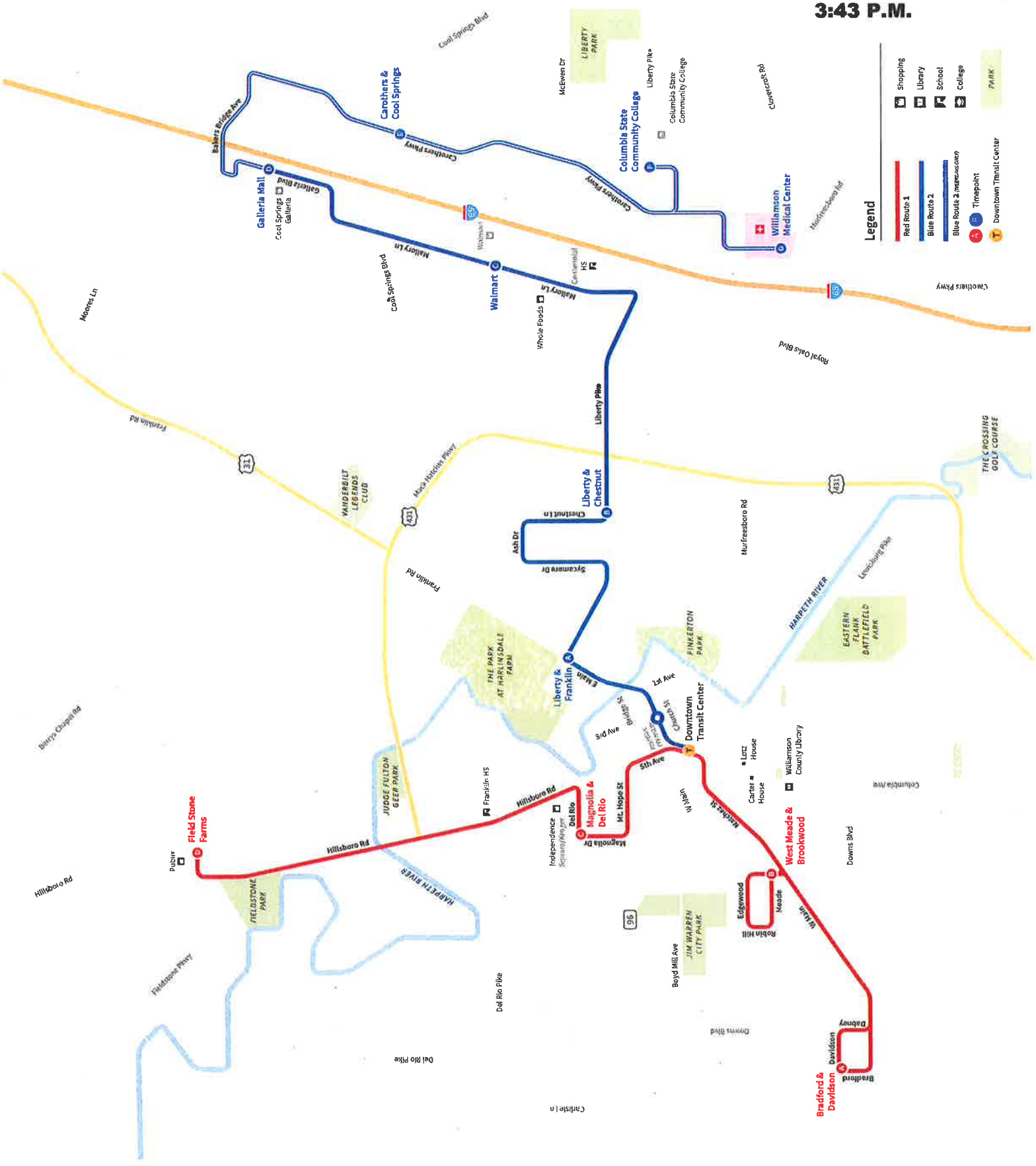
THIRD FLOOR HAS NO AMBULATORY OCCUPANCY OR IMAGING OR CORRESPONDING SUPPORT SERVICES, SUBMITTED FOR RECORD ONLY.

Supplemental #1
July 27, 2018
3:43 P.M.

Supplemental #1

July 27, 2018

3:43 P.M.



Supplemental #1
July 27, 2018
3:43 P.M.

12. Square Footage and Cost Per Square Footage Chart

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage		
					Renovated	New	Total
Central Sterile				Lower level		10,964	10,964
ASTC				1st floor		31,072	31,072
Unit/Department GSF Sub-Total							
Other GSF Total						42,036	42,036
Total GSF						$13,819,724	$13,819,724
*Total Cost						$328.76	$328.76
**Cost Per Square Foot							
Cost per Square Foot Is Within Which Range *(For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda).*					☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile	☐ Below 1st Quartile ☐ Between 1st and 2nd Quartile ☐ Between 2nd and 3rd Quartile ☐ Above 3rd Quartile

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

Demographic Variable/ Geographic Area	Department of Health/Health Statistics							Bureau of the Census***				TennCare	
	Total Population - Current Year	Total Population - Projected Year	Total Population-% Change	*Target Population-Current Year	*Target Population-Project Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total Population
Williamson County**	229,992	252,018	936%	229,992	252,018	9.5%	100%	39	$100,140	10,547	5.2%	12,948	5.4%
Service Area Total	229,992	252,018	9.6%	229,992	252,018	9.5%	100%	39	$100,140	10,547	5.2%	12,948	5.4%
State of TN Total	6,769,368	6,992,559	3.3%	6,769,368	6,992,559	3.3%	100%	38.5	$46,574	1,100,169	17.2%	1,418,732	21%

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.*

*** 2017 Census Bureau Data.*

**** 2016 Census Bureau Data*

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: The Project will serve all segments of the population without discrimination and will serve Medicare and Medicaid patients.

E. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

RESPONSE: The applicant is a brand new entity, and has no prior CON projects.

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: The applicant has no prior utilization. Its projected utilization is set forth in the Projected Data Chart. Its utilization will come from the 13 orthopedic physicians employed by the Bone and Joint Institute of Tennessee.

RESPONSE: The requested documentation will be provided, although the applicant notes that the Project will do business in leased space.

Supplemental #1
July 27, 2018
3:43 P.M.

PROJECT COST CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	$ 876,750
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	150,000
	3.	Acquisition of Site	883,778
	4.	Preparation of Site	1,953,706
	5.	Construction Costs	13,819,724
	6.	Contingency Fund	700,000
	7.	Fixed Equipment (Not included in Construction Contract)	5,241,276
	8.	Moveable Equipment (List all equipment over $50,000)	1,176,976
	9.	Other (Specify) Geotech fees, low voltage, commissioning	747,250
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive or building and land)	
	2.	Building only	
	3.	Land only	
	4.	Equipment (Specify) _____	
	5.	Other (Specify) _____	
C.	Financing Costs and Fees:		
	1.	Interim Financing	
	2.	Underwriting Costs	
	3.	Reserve for One Year's Debt Service	
	4.	Other (Specify) _____	
D.	Estimated Project Cost (A+B+C)		25,549,460
E.	CON Filing Fee		95,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	$ 25,644,460

Supplemental #1
July 27, 2018
3:43 P.M.

ESa

Moving forward together to create environments that ...

July 26, 2018

Mr. Don Webb, CEO
Williamson Medical Center
4321 Carothers Parkway
Franklin, TN 37067

RE: WILLIAMSON MEDICAL CENTER MOB
FRANKLIN, TN
ESa PROJECT NO.: 16115.00

Dear Mr. Webb:

In regard to the proposed Certificate of Need (CON) for the Bone and Joint Institute of Tennessee Surgery Center (ASC), we have prepared plans for this program to be on the First Floor and Lower Level of a four level MOB. This newly constructed MOB is a free-standing facility located on the southwest corner of the Williamson Medical Center campus. The ASC program components within this four level facility are as follows:

- Lower Level houses Central Sterile services which are at the service/delivery entrance level and stacked below the ASC program housed on First Floor.
- First Floor houses the ASC, consisting of six (6) operating rooms with two (2) additional operating rooms to be constructed but held empty for potential future use, 25 Pre-Op and PACU bays total and the main entrance lobby.

The total building area of the ASC and Central Sterile program is 42,036 SF (square feet). The following table details the total construction costs and A/E fees for the ASC program:

	Cost	Square Footage	Cost per Square Foot
New Construction	$13,819,724	42,036	$328.76
A/E Fees	$ 876,750		
TOTAL	**$14,696,474**		

We have reviewed the Square Footage and Cost per Square Foot Chart that has been prepared for the Certificate of Need (CON) for the State of Tennessee for the Williamson Medical Center Ambulatory Surgery Center in Franklin, Tennessee. The proposed construction costs of $13,819,724, or an average of $328.76 per square foot for a 42,036 square foot project appears reasonable and accurate in today's construction market.

To the best of my knowledge and belief, the facility will meet the Guidelines for Design and Construction of Healthcare Facilities and all applicable local, state and federal standards. The following codes are adopted by the reviewing authorities:

The State of Tennessee will review this project under the following codes:

- International Building Code - 2012 Edition
- International Mechanical Code - 2012 Edition
- International Plumbing Code - 2012 Edition
- National Electrical Code - 2011 Edition
- International Fuel Gas Code - 2012 Edition
- NFPA 101 Life Safety Code - 2012 Edition
- NFPA 1 - 2012 Edition
- North Carolina Accessibility Code with 2004 Amendments - 1999 Edition
- Americans with Disabilities Act - 2010 Edition
- Guidelines for Design and Construction of Healthcare Facilities - 2010 Edition
- ASHRAE Handbook of Fundamentals – 2007 Edition

- US Public Health Service Code – 2007 Edition

The City of Franklin Codes Department will review this project under the following codes:

- International Building Code - 2012 Edition
- International Mechanical Code - 2012 Edition
- International Plumbing Code - 2012 Edition
- National Electrical Code - 2011 Edition
- International Fuel Gas Code - 2012 Edition
- International Fire Code – 2012 Edition
- International Energy Conservation Code – 2012 Edition
- NFPA 101 Life Safety Code With Local Amendments – 2012 Edition
- ICC/ANSI A-117.1 Accessible and Usable Buildings and Facilities - 2009 Edition

Building Classification

- Occupancy – Type B Business
- Type IIA Construction

Please do not hesitate to contact us if you have further questions.

Sincerely,
EARL SWENSSON ASSOCIATES, INC.

J. Todd Robinson

J. Todd Robinson, FAIA, EDAC
President
Tennessee Professional Architect License #20972

Supplemental #1
July 27, 2018
3:43 P.M.

Williamson MEDICAL CENTER

4321 Carothers Parkway • Franklin, TN 37067 • 615.435.5000

July 27, 2018

Ms. Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Bone and Joint Institute of Tennessee Surgery Center
Certificate of Need Application No. CN1807-035

Dear Ms. Hill:

I am writing this letter as the Chief Financial Officer of Williamson Medical Center on behalf of the project described above. As you know from the CON application, Williamson Medical Center currently owns all the interests in Bone and Joint Institute of Tennessee Surgery Center, LLC, the entity which will be the owner of this Project once the CON application is approved.

Currently, Williamson Medical Center is providing funding for the development of this ambulatory surgical treatment center. This center will be located in a medical office building currently under construction on the WMC campus.

As the audited financial reports for Williamson Medical Center which have been filed with the CON application indicate, Williamson Medical Center has adequate financial strength and cash reserves to provide the initial funding for this project. In addition to the reserves shown by the audited financials, Williamson Medical Center has a $10,000,000 line of credit in place with Franklin Synergy Bank upon which it can draw if necessary.

Thus, Williamson Medical Center has adequate financial reserves to provide the funding for this Project.

Sincerely,

Paul Bolin

Paul Bolin, Chief Financial Officer
Williamson Medical Center

PB/mhh

☒ Total Facility
☐ Project Only

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	Year 1	Year 2
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits) cases	5,400	5,940
B. Revenue from Services to Patients		
1. Inpatient Services	$	$
2. Outpatient Services	64,800,000	71,280,000
3. Emergency Services		
4. Other Operating Revenue (Specify) _____		
Gross Operating Revenue	$64,800,000	$71,280,000
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$48,600,000	$53,460,000
2. Provision for Charity Care	194,400	213,840
3. Provisions for Bad Debt	583,200	641,520
Total Deductions	$49,377,600	$54,315,360
NET OPERATING REVENUE	$15,422,400	$16,964,640
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	2,385,188	2,480,596
b. Non-Patient Care	646,988	672,867
2. Physician's Salaries and Wages	--	--
3. Supplies	4,584,600	5,043,060
4. Rent		
a. Paid to Affiliates	1,261,080	1,286,302
b. Paid to Non-Affiliates		
5. Management Fees:		
a. Paid to Affiliates	1,261,080	1,286,302
b. Paid to Non-Affiliates		
6. Other Operating Expenses		
Total Operating Expenses	$9,726,088	$10,415,879
E. Earnings Before Interest, Taxes and Depreciation	5,696,312	$ 6,548,761
F. Non-Operating Expenses		
1. Taxes	$70,480	$70,480
2. Depreciation	641,825	641,825
3. Interest		
4. Other Non-Operating Expenses		
Total Non-Operating Expenses	$712,305	$712,305
NET INCOME (LOSS)	$4,984,007	$5,836,456
Chart Continues Onto Next Page		

	Year _1	Year _2
NET INCOME (LOSS)	$6,607,175	$7,690,547
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	$	$
2. Annual Capital Expenditure		
Total Other Deductions	$	$
NET BALANCE	$4,984,007	$5,836,456
DEPRECIATION	$641,825	$641,825
FREE CASH FLOW (Net Balance + Depreciation)	$5,625,832	$6,478,281

☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

	Year _1	Year _2
OTHER EXPENSES CATEGORIES		
1. Professional Services Contract	$	$
2. Contract Labor		
3. Imaging Interpretation Fees		
4. Property Tax	70,480	70,480
5. _____		
6. _____		
7. _____		
Total Other Expenses	$70,480	$70,480

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*					
Deduction from Revenue *(Total Deductions/Utilization Data)*					
Average Net Charge *(Net Operating Revenue/Utilization Data)*					

RESPONSE: The requested charge, deductions and average net charge table is set forth below:

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*			$12,000	$12,000	0
Deduction from Revenue *(Total Deductions/Utilization Data)*			$9,144	$9,144	0
Average Net Charge *(Net Operating Revenue/Utilization Data)*			$2,856	$2,856	0

2) Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE: The proposed charges for the Project are reasonable and competitive in the orthopedic outpatient surgery context, especially given the complexity of outpatient orthopedic surgeries such as joint replacement surgeries. The applicant is a new entity and has no existing patient charges.

3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: There is no dedicated orthopedic surgery ASTC in the service area. One of the two ASTCs in Williamson County in which orthopedic surgeries are performed, Cool Springs Surgery Center and Franklin Endoscopy Center, shows an average gross charge comparable to that of the applicant. In its 2017 JAR, Cool Springs Surgery Center's charge and volume data indicate that it had an average gross charge per case/procedure of $12,655 in 2017. The other ASTC in Williamson County in which outpatient orthopedic surgeries were performed in 2017, Franklin Endoscopy Center, had an average charge of $6,046 per case/procedure according to its 2017 JAR. Thus, the applicant's projected average charge per case of $12,000 compares favorably with other Williamson County ASTCs at which orthopedic surgeries are performed.

RESPONSE:

Supplemental #1
July 27, 2018
3:43 P.M.

G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating	As a % of total
Medicare/Medicare Managed Care	17,496,000	27%
TennCare/Medicaid	712,800	1.1%
Commercial/Other Managed Care	41,860,800	64.6%
Self-Pay	388,800	.6%
Charity Care	194,400	.3%
Other (Specify) workers comp, government and bad debt	4,147,200	6.4%
Total	64,800,000	100%

RESPONSE: The requested payor source data table is set forth below:

Payor Source	Projected Gross Operating	As a % of total
Medicare/Medicare Managed Care	40,671,580	51%
TennCare/Medicaid	797,482	1%
Commercial/Other Managed Care	35,089,206	44%
Self-Pay	558,237	.7%
Charity Care	239,245	.3%
Other (Specify) worker's comp, government, bad debt	2,392,446	3%
Total	79,748,196	100%

H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

PROJECT COMPLETION FORECAST CHART Supplemental #1

July 27, 2018
3:43 P.M.

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date [Month/Year]
1. Initial HSDA decision date		October 24, 2018
2. Architectural and engineering contract signed for MOB		July 2017
3. Construction documents approved by the Tennessee Department of Health		July 2018
4. Construction contract signed for MOB		December 2017
5. Building permit secured for MOB		February 2018
6. Site preparation completed for MOB		February 2018
7. Building construction commenced for MOB		March 2018
8. Construction 40% complete for MOB		August 2018
9. Construction 80% complete for MOB	60	December 2019
10. Construction 100% complete (approved for occupancy	150	March 2019
11. *Issuance of License	180	April 2019
12. *Issuance of Service	180	April 2019
13. Final Architectural Certification of Payment	180	April 2019
14. Final Project Report Form submitted (Form HR0055)	210	May 2019

***For projects that *DO NOT* involve construction or renovation, complete Items 11 & 12 only.**

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

Supplemental #1
July 27, 2018
3:43 P.M.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

NAME OF FACILITY: BONE AND JOINT INSTITUTE OF TENNESSEE SURGERY CENTER

I, JULIE MILLER, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Julie Miller, COO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 27th day of July, 2018, witness my hand at office in the County of Williamson, State of Tennessee.

NOTARY PUBLIC

LEIGH WILLIAMS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires May 9, 2021

My commission expires 5/9/21.

HF-0043

Revised 7/02

Supplemental #2 (Original)

Bone and Joint Institute of TN Surgery Center, LLC

CN1807-035

July 31, 2018

Mr. Phillip M. Earhart
HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Via Hand Delivery

Re: Certificate of Need Application CN1807-035
Bone and Joint Institute of Tennessee Surgery Center

Dear Mr. Earhart:

Set forth below are the responses of Bone and Joint Institute of Tennessee Surgery Center dated July 30, 2018. We have filed these in triplicate, as you directed, along with an affidavit regarding the responses. If you have any questions or need additional information, please advise.

1. Section A. Project Details , Item 6A, Legal Interest in the Site of the Institution

The copy of the property deed is noted. The deed notes the property address is 1413 Murfreesboro, Road, Franklin, TN rather than 3000 Edward Curd Lane, Franklin, TN. Please clarify.

RESPONSE: The warranty deed filed with the applicant's earlier responses shows, in Exhibit A thereto, that the legal description of the conveyed property was that the land was "Lot No. 2" of Byrd Cain's property there. The attached Final Plat of this property shows Lot No. 2 as conveyed, and shows that the entire property as platted, including Lot No. 1 (which fronts Murfreesboro Road, also known as State Route 96), as well as Lot No. 2, bears the address "1413 Murfreesboro Road and Edward Curd Lane." Now that Lot No. 2 has been sold to WMC, it bears the address 3000 Edward Curd Lane.

2. Section B, Need, (Specific Criteria –ASTC) Item 2.

The following table for Year 2 of the proposed project is noted. However, please address the following and revise as needed:

- The applicant notes the average orthopedic case is projected to average 90 minutes. Using 90 minutes per case, the minutes used for 990 cases equals 89,100 minutes, not 103,950 minutes as noted below.

Operating Rooms	# cases	Minutes Used	Average Turnaround Time	Schedulable minutes*	% of Schedulable Time Used
Operating Room #1	990	103,590	15	135,000	77%
Operating Room #2	990	103,590	15	135,000	77%
Operating Room #3	990	103,590	15	135,000	77%
Operating Room #4	990	103,590	15	135,000	77%
Operating Room #5	990	103,590	15	135,000	77%
Operating Room #6	990	103,590	15	135,000	77%
Total Surgical Suite	5,940	623,700	15	810,000	77%

* defined as the summation of the minutes by each room available for scheduled cases
Example: 7:30 AM to 4:30 PM, 5 days per week, 50 weeks/ year, equates to 9 hrs/day X 60 min/hr = 540 minutes/day X 5 days/week = 2,700 minutes / week X 50 weeks/year=135,000 schedulable minutes/room X the number of rooms=surgical suite schedulable capacity

RESPONSE: The original Response to this Request included the average 15-minute turnaround time in the "Minutes Used" column, because those turnaround minutes are not available for performing surgeries -- they are not "schedulable" for surgery time. As we have discussed this morning, that approach is acceptable as a Response to this Request. However, individual "minutes used" calculations by room were slightly understated in the prior chart. A corrected version of this chart is set forth below.

Operating Rooms	# cases	Minutes Used	Average Turnaround Time	Schedulable minutes*	% of Schedulable Time Used
Operating Room #1	990	103,950	15	135,000	77%
Operating Room #2	990	103,950	15	135,000	77%
Operating Room #3	990	103,950	15	135,000	77%
Operating Room #4	990	103,950	15	135,000	77%
Operating Room #5	990	103,950	15	135,000	77%
Operating	990	103,950	15	135,000	77%

Room #6					
Total Surgical Suite	5,940	623,700	15	810,000	77%

3. Section B, Need, (Specific Criteria –ASTC) Items 3, 4 and 5.

It is noted the following chart for Williamson County ASTCs. However, it is not clear why there are two numbers included in the 2015-2017 orthopedic and total cases columns. Please only add the number in those columns. In addition, there are calculation errors in the last two columns in calculating the percent change from 15-17. Please correct and revise the following chart.

2015-2017 Service Area Utilization Trend

County	ASTC	2015 Orth. Cases	2015 Total Cases	2015 Orth. as a %Total	2016 Orth. Cases	2016 Total Cases	2016 Orth. as a %Total	2017 Orth. Cases	2017 Total Cases	2017 Orth. as a %Total	Orth. Cases '15-'17 % change	Total Cases '15-'17 % change
	Grand Total/Average											

Orth=Orthopedic Surgery
Source: ASTC JAR

RESPONSE: The requested alterations and corrections are set forth in the chart below:

2015-2017 Service Area Utilization Trend

County	ASTC	2015 Orth. Cases	2015 Total Cases*	2015 Orth. as a % Total	2016 Orth. Cases	2016 Total Cases*	2016 Orth. as a % Total	2017 Orth. Cases	2017 Total Cases	2017 Orth. as a %Total	Orth. Cases '15-'17 % change	Total Cases '15-'17 % change
Wmson	Cool Springs ASC	83	5,448	1.5%	57	5,698	1%	58	5,289	1%	(30%)	(2.9%)
Wmson	CrossRoads ASC	0	0	0	0	0	0	0	0	0	0	0
Wmson	Franklin Endo Ctr	649	1,028	63%	703	1,283	54.8%	892	2,128	41.9%	37.4%	107%
Wmson	Vanderbilt-Ingram	0	0	0	0	0	0	0	0	0	0	0
	Grand Total/Average	**732**	**6,476**	**11.1%**	**760**	**6,481**	**10.9%**	**950**	**7,417**	**12.8%**	**29.7%**	**14.5%**

** Cases performed in ORs.*
Orth=Orthopedic Surgery
Source: ASTC JAR

It is noted the applicant completed the following table using the latest Joint Annual Report Data for ASTCs in the service area. However, there are calculation errors in the % of Meeting 1,867 column and # of OR cases column. Please correct and submit a revised chart.

2017 Service Area ASTC Utilization

County	ASTC	# ORs	# OR Cases	# Cases per OR	% of meeting 884 Minimum		# PRs	# PR Cases	# Cases per PR	% of Meeting 1,867 Minimum
	Grand Total/Average									

Source: ASTC JAR

RESPONSE: The requested corrected chart is set forth below:

2017 Service Area ASTC Utilization

County	ASTC	# ORs	# OR Cases	# Cases per OR	% of meeting 884 Minimum		# PRs	# PR Cases	# Cases per PR	% of Meeting 1,867 Minimum
Williamson	Cool Springs ASC	5	5,284	1,057	120%		2	4,054	2,027	109%
Williamson	Cross Roads ASC	0	0	0	0		2	2,454	1,394	65.7%
Williamson	Franklin Endoscopy	2	2,128	1,064	120.4%		2	3,837	1,919	103%
Williamson	Vanderbilt - Ingram Cancer	0	0	0	0		5	11,089	2,218	119%
	Grand Total/Average	**7**	**7,412**	**1,059**	**120%**		**11**	**21,434**	**1,949**	**104.4%**

Source: ASTC JAR

4. Section B. Economic Feasibility, Item D

The Projected Data Chart is noted. However, please address the following and submit a revised Projected Data Chart (labeled as 30R2).

- Year One and Year Two Net Income amounts do not match on the bottom of 30R and the top of 31R.
- The applicant has designated Property Tax in the amount of $70,480 for other taxes in the other expenses breakout category on page 31R but did not designate $70,480 in D.6 Other Expenses on page 30R. It appears the applicant also placed $70,480 (taxes) in F.2. Depreciation. Please clarify and correct if necessary.
- It appears the applicant duplicated figures for rent (4.a. Paid to affiliates) and Management Fees (a. Paid to Affiliates in the amount of $1,261,080 in Year One and $1,286,302 in Year Two. Rather, it appears the management fee should be $848,232 in Year One and $933,055 in Year Two (5.5% x Annual Net Operating Revenue per the submitted management agreement).

RESPONSE: The revised Projected Data Chart is attached to these Responses as replacement page 30R2. It corrects the bullet points above. The "rent paid to affiliate" number was correct, but the management fee has been corrected as noted in this question. Taxes and depreciation entries have been revised.

5. Section B. Economic Feasibility Item G

The payor source data table on page 34R is noted. However, it is unclear where the Projected Gross Operating Revenue of $79,748,196 represents? If needed, please revise and submit a replacement page 34 (labeled as 34R2).

RESPONSE: The corrected payor source table and corrected replacement page 34R2 is attached to these Responses. The erroneous Projected Gross Operating Revenue amount noted in this question was an erroneous duplication from a prior version.

6. Section B. Economic Feasibility Item F.2 Net Operating Margin Ratio

Please revise the Net Operating Margin Ratio according to the revised Projected Data Chart and submit a replacement page 33 (labeled as 33R).

RESPONSE: The revised Net Operating Margin Ratio is set forth on the attached replacement page 33R. It is 36.9% in Year 1 and 38.6% in Year 2 of the Project's operations.

Additional revised supplemental response:

The applicant hereby revises its response to the following question from Supplemental Request No. 11 of July 27, 2018:

How many Williamson County residents had surgical cases performed outside of Williamson County in 2017?

RESPONSE: The applicant's response to this Request question should be changed to read as follows: According to THA data, approximately 2,740 Williamson County residents had an outpatient orthopedic surgical case performed in a hospital based outside of Williamson County in 2017. These cases include those performed at the outpatient surgery facility of Vanderbilt University Medical Center in Franklin, Tennessee. This VUMC outpatient facility is the former Bone and Joint Surgery Center, which ceased being an ASTC in 2009, when it became a component of VUMC. The applicant projects that cases which previously would have been performed, prior to 2018, at that VUMC outpatient surgery facility by the physicians who are now employed by the Bone and Joint Institute will be performed at this Project once it is, after CON approval and licensure, in operation as an ASTC.

The number of 2017 outpatient surgical cases performed on Williamson County residents outside of Williamson County, based on THA data, after deducting those performed at the VUMC facility in Franklin, is approximately 1,341. This analysis assumes that approximately 1,400 of the VUMC orthopedic outpatient surgery cases performed on Williamson County patients were performed at the VUMC facility in Franklin formerly known as the Bone and Joint Surgery Center, a licensed ASTC until 2009.

The applicant projects that the patient flow that was formerly treated by the BJIT physicians at the VUMC outpatient surgery facility in Franklin (formerly the Bone and Joint Surgery Center) when they were employed by VUMC will be treated by the BJIT physicians at the Project.

Multispecialty ASTC JAR data does not indicate the patient origins for ASTC patients of any particular specialty. Premier Orthopedic Surgery Center in Davidson County has a significant number of pain management cases as well as orthopedic surgical cases; its 2017 JAR does not give patient origins by specialty. Out of its 1,526 total 2017 patients, 149 came from Williamson County, according to its 2017 JAR. Its 2017 JAR does not indicate how many of these were orthopedic surgery patients of this ASTC. The same is true for Knoxville Orthopedic Surgery Center, which shows four patients from Williamson County but does not indicate whether they were among its 2,334 pain management patients or its 5,446 orthopedic surgery patients.

Signature on Following Page

Supplemental #2
July 31, 2018
1:18 P.M.

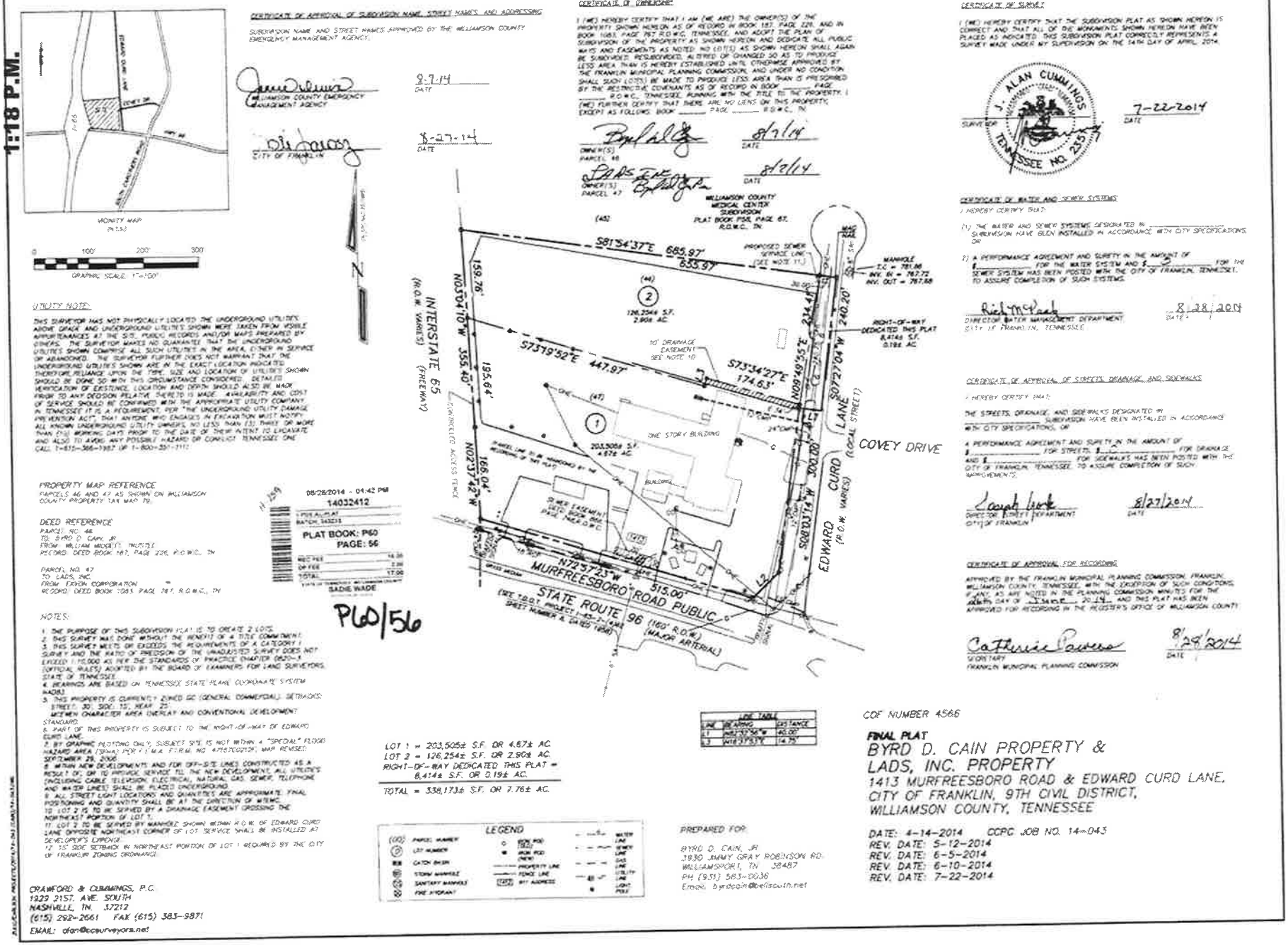
Sincerely,

Julie Miller

WHW/mhh

Enclosures

Supplemental #2
July 31, 2018
1:18 P.M.



CERTIFICATE OF APPROVAL OF SUBDIVISION NAME, STREET NAMES AND ADDRESSING

SUBDIVISION NAME AND STREET NAMES APPROVED BY THE WILLIAMSON COUNTY EMERGENCY MANAGEMENT AGENCY.

WILLIAMSON COUNTY EMERGENCY MANAGEMENT AGENCY — DATE 8-7-14

CITY OF FRANKLIN — DATE 8-27-14

CERTIFICATE OF OWNERSHIP

I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN HEREON AS OF RECORD IN BOOK 187, PAGE 226, AND IN BOOK 1083, PAGE 787 R.O.W.C., TENNESSEE, AND ADOPT THE PLAN OF SUBDIVISION OF THE PROPERTY AS SHOWN HEREON AND DEDICATE ALL PUBLIC WAYS AND EASEMENTS AS NOTED. NO LOT(S) AS SHOWN HEREON SHALL AGAIN BE SUBDIVIDED, RESUBDIVIDED, ALTERED OR CHANGED SO AS TO PRODUCE LESS AREA THAN IS HEREBY ESTABLISHED UNTIL OTHERWISE APPROVED BY THE FRANKLIN MUNICIPAL PLANNING COMMISSION, AND UNDER NO CONDITION SHALL SUCH LOT(S) BE MADE TO PRODUCE LESS AREA THAN IS PRESCRIBED BY THE RESTRICTIVE COVENANTS AS OF RECORD IN BOOK ____ PAGE ____ R.O.W.C., TENNESSEE, RUNNING WITH THE TITLE TO THE PROPERTY. I (WE) FURTHER CERTIFY THAT THERE ARE NO LIENS ON THIS PROPERTY, EXCEPT AS FOLLOWS: BOOK ____ PAGE ____ R.O.W.C., TN

OWNER(S) PARCEL 46 — DATE 8/7/14

OWNER(S) PARCEL 47 — DATE 8/7/14

CERTIFICATE OF SURVEY

I (WE) HEREBY CERTIFY THAT THE SUBDIVISION PLAT AS SHOWN HEREON IS CORRECT AND THAT ALL OF THE MONUMENTS SHOWN HEREON HAVE BEEN PLACED AS INDICATED. THIS SUBDIVISION PLAT CORRECTLY REPRESENTS A SURVEY MADE UNDER MY SUPERVISION ON THE 14TH DAY OF APRIL, 2014.

J. ALAN CUMMINGS — TENNESSEE NO. 2357 — SURVEYOR — DATE 7-22-2014

CERTIFICATE OF WATER AND SEWER SYSTEMS

I HEREBY CERTIFY THAT:

1) THE WATER AND SEWER SYSTEMS DESIGNATED IN _____ SUBDIVISION HAVE BEEN INSTALLED IN ACCORDANCE WITH CITY SPECIFICATIONS, OR

2) A PERFORMANCE AGREEMENT AND SURETY IN THE AMOUNT OF $ _____ FOR THE WATER SYSTEM AND $ 2 _____ FOR THE SEWER SYSTEM HAS BEEN POSTED WITH THE CITY OF FRANKLIN, TENNESSEE, TO ASSURE COMPLETION OF SUCH SYSTEMS.

DIRECTOR, WATER MANAGEMENT DEPARTMENT, CITY OF FRANKLIN, TENNESSEE — DATE 8/28/2014

CERTIFICATE OF APPROVAL OF STREETS, DRAINAGE, AND SIDEWALKS

I HEREBY CERTIFY THAT:

THE STREETS, DRAINAGE, AND SIDEWALKS DESIGNATED IN SUBDIVISION HAVE BEEN INSTALLED IN ACCORDANCE WITH CITY SPECIFICATIONS, OR

A PERFORMANCE AGREEMENT AND SURETY IN THE AMOUNT OF $ _____ FOR STREETS, $ _____ FOR DRAINAGE AND $ _____ FOR SIDEWALKS HAS BEEN POSTED WITH THE CITY OF FRANKLIN, TENNESSEE, TO ASSURE COMPLETION OF SUCH IMPROVEMENTS.

DIRECTOR, STREET DEPARTMENT, CITY OF FRANKLIN — DATE 8/27/2014

CERTIFICATE OF APPROVAL FOR RECORDING

APPROVED BY THE FRANKLIN MUNICIPAL PLANNING COMMISSION, FRANKLIN, WILLIAMSON COUNTY, TENNESSEE, WITH THE EXCEPTION OF SUCH CONDITIONS, IF ANY, AS ARE NOTED IN THE PLANNING COMMISSION MINUTES FOR THE 26th DAY OF June, 2014, AND THIS PLAT WAS SIGNED APPROVED FOR RECORDING IN THE REGISTER'S OFFICE OF WILLIAMSON COUNTY.

SECRETARY, FRANKLIN MUNICIPAL PLANNING COMMISSION — DATE 8/28/2014

UTILITY NOTE:

THIS SURVEYOR HAS NOT PHYSICALLY LOCATED THE UNDERGROUND UTILITIES ABOVE GRADE AND UNDERGROUND UTILITIES SHOWN WERE TAKEN FROM VISIBLE APPURTENANCES AT THE SITE, PUBLIC RECORDS AND/OR MAPS PREPARED BY OTHERS. THE SURVEYOR MAKES NO GUARANTEE THAT THE UNDERGROUND UTILITIES SHOWN COMPRISE ALL SUCH UTILITIES IN THE AREA, EITHER IN SERVICE OR ABANDONED. THE SURVEYOR FURTHER DOES NOT WARRANT THAT THE UNDERGROUND UTILITIES SHOWN ARE IN THE EXACT LOCATION INDICATED. THEREFORE, RELIANCE UPON THE TYPE, SIZE AND LOCATION OF UTILITIES SHOWN SHOULD BE DONE SO WITH THIS CIRCUMSTANCE CONSIDERED. DETAILED VERIFICATION OF EXISTENCE, LOCATION AND DEPTH SHOULD ALSO BE MADE PRIOR TO ANY DECISION RELATIVE THERETO IS MADE. AVAILABILITY AND COST OF SERVICE SHOULD BE CONFIRMED WITH THE APPROPRIATE UTILITY COMPANY. IN TENNESSEE IT IS A REQUIREMENT, FOR THE UNDERGROUND UTILITY DAMAGE PREVENTION ACT, THAT ANYONE WHO ENGAGES IN EXCAVATION MUST NOTIFY ALL KNOWN UNDERGROUND UTILITY OWNERS, NO LESS THAN (3) THREE OR MORE THAN (10) WORKING DAYS PRIOR TO THE DATE OF THEIR INTENT TO EXCAVATE AND ALSO TO AVOID ANY POSSIBLE HAZARDS OR CONFLICT. TENNESSEE ONE CALL 1-615-366-1987 OR 1-800-351-1111

PROPERTY MAP REFERENCE

PARCELS 46 AND 47 AS SHOWN ON WILLIAMSON COUNTY PROPERTY TAX MAP 78.

DEED REFERENCE

PARCEL NO. 46
TO: BYRD D. CAIN, JR.
FROM: WILLIAM MOSKITT, TRUSTEE
RECORD: DEED BOOK 187, PAGE 226, R.O.W.C., TN

PARCEL NO. 47
TO: LADS, INC.
FROM: EXXON CORPORATION
RECORD: DEED BOOK 1083, PAGE 787, R.O.W.C., TN

08/28/2014 - 01:42 PM
14032412
PLAT BOOK: P60
PAGE: 56
REC FEE 14.00
DP FEE 3.00
TOTAL 17.00
SLADE WADE

P60/56

NOTES:

1. THE PURPOSE OF THIS SUBDIVISION PLAT IS TO CREATE 2 LOTS.
2. THIS SURVEY WAS DONE WITHOUT THE BENEFIT OF A TITLE COMMITMENT.
3. THIS SURVEY MEETS OR EXCEEDS THE REQUIREMENTS OF A CATEGORY I SURVEY AND THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY DOES NOT EXCEED 1:10,000 AS PER THE STANDARDS OF PRACTICE CHAPTER 0820-3 (OFFICIAL RULES) ADOPTED BY THE BOARD OF EXAMINERS FOR LAND SURVEYORS, STATE OF TENNESSEE.
4. BEARINGS ARE BASED ON TENNESSEE STATE PLANE COORDINATE SYSTEM (NAD83).
5. THIS PROPERTY IS CURRENTLY ZONED GC (GENERAL COMMERCIAL). SETBACKS: STREET: 30', SIDE: 15', REAR: 20'. MCMEMEN CHARACTER AREA OVERLAY AND CONVENTIONAL DEVELOPMENT STANDARD.
6. PART OF THIS PROPERTY IS SUBJECT TO THE RIGHT-OF-WAY OF EDWARD CURD LANE.
7. BY GRAPHIC PLOTTING ONLY, SUBJECT SITE IS NOT WITHIN A "SPECIAL" FLOOD HAZARD AREA (SFHA) PER F.I.R.M. F.I.R.M. NO. 47187C0270F, MAP REVISED: SEPTEMBER 29, 2006.
8. WITHIN NEW DEVELOPMENTS AND FOR OFF-SITE LINES CONSTRUCTED AS A RESULT OF, OR TO PROVIDE SERVICE TO, THE NEW DEVELOPMENT, ALL UTILITIES (INCLUDING CABLE TELEVISION, ELECTRICAL, NATURAL GAS, SEWER, TELEPHONE AND WATER LINES) SHALL BE PLACED UNDERGROUND.
9. ALL STREET LIGHT LOCATIONS AND QUANTITIES ARE APPROXIMATE. FINAL POSITIONING AND QUANTITY SHALL BE AT THE DIRECTION OF MTEMC.
10. LOT 2 IS TO BE SERVED BY A DRAINAGE EASEMENT CROSSING THE NORTHEAST PORTION OF LOT 1.
11. LOT 2 TO BE SERVED BY MANHOLE SHOWN WITHIN R.O.W. OF EDWARD CURD LANE OPPOSITE NORTHEAST CORNER OF LOT. SERVICE SHALL BE INSTALLED AT DEVELOPER'S EXPENSE.
12. 15' SIDE SETBACK IN NORTHEAST PORTION OF LOT 1 REQUIRED BY THE CITY OF FRANKLIN ZONING ORDINANCE.

CRAWFORD & CUMMINGS, P.C.
1929 21ST. AVE. SOUTH
NASHVILLE, TN. 37212
(615) 292-2661 FAX (615) 383-9871
EMAIL: dan@ccsurveyors.net

PREPARED FOR:

BYRD D. CAIN, JR.
3930 JIMMY GRAY ROBINSON RD.
WILLIAMSPORT, TN 38487
PH (931) 583-0036
Email: byrdcain@bellsouth.net

COF NUMBER 4566

FINAL PLAT

BYRD D. CAIN PROPERTY & LADS, INC. PROPERTY

1413 MURFREESBORO ROAD & EDWARD CURD LANE.
CITY OF FRANKLIN, 9TH CIVIL DISTRICT,
WILLIAMSON COUNTY, TENNESSEE

DATE: 4-14-2014 CCPC JOB NO. 14-043
REV. DATE: 5-12-2014
REV. DATE: 6-5-2014
REV. DATE: 6-10-2014
REV. DATE: 7-22-2014

☒ Total Facility
☐ Project Only

Supplemental #2
July 31, 2018
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PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	Year _1	Year _2
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits) cases	5,400	5,940
B. Revenue from Services to Patients		
1. Inpatient Services	$	$
2. Outpatient Services	64,800,000	71,280,000
3. Emergency Services		
4. Other Operating Revenue (Specify) _____		
Gross Operating Revenue	$64,800,000	$71,280,000
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$48,600,000	$53,460,000
2. Provision for Charity Care	194,400	213,840
3. Provisions for Bad Debt	583,200	641,520
Total Deductions	$49,377,600	$54,315,360
NET OPERATING REVENUE	$15,422,400	$16,964,640
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	2,385,188	2,480,596
b. Non-Patient Care	646,988	672,867
2. Physician's Salaries and Wages	--	--
3. Supplies	4,584,600	5,043,060
4. Rent		
a. Paid to Affiliates	1,261,080	1,286,302
b. Paid to Non-Affiliates		
5. Management Fees:		
a. Paid to Affiliates	848,232	933,055
b. Paid to Non-Affiliates		
6. Other Operating Expenses		
Total Operating Expenses	$9,726,088	$10,415,879
E. Earnings Before Interest, Taxes and Depreciation	5,696,312	$ 6,548,761
F. Non-Operating Expenses		
1. Taxes	$70,480	$70,480
2. Depreciation	641,825	641,825
3. Interest		
4. Other Non-Operating Expenses		
Total Non-Operating Expenses	$712,305	$712,305
NET INCOME (LOSS)	$4,984,007	$5,836,456
Chart Continues Onto Next Page		

	Year	Year
NET INCOME (LOSS)	$4,984,007	$5,836,456
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	$	$
2. Annual Capital Expenditure		
Total Other Deductions	$	$
NET BALANCE	$4,984,007	$5,836,456
DEPRECIATION	$641,825	$641,825
FREE CASH FLOW (Net Balance + Depreciation)	$5,625,832	$6,478,281

☐ Total Facility
☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

	Year _1	Year _2
OTHER EXPENSES CATEGORIES		
1. Professional Services Contract	$	$
2. Contract Labor		
3. Imaging Interpretation Fees		
4. Property Tax		
5. _____		
6. _____		
7. _____		
Total Other Expenses		

RESPONSE:

G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

RESPONSE: The requested payor source data table is set forth below:

Payor Source	Projected Gross Operating	As a % of total
Medicare/Medicare Managed Care	17,496,000	27%
TennCare/Medicaid	712,800	1.1%
Commercial/Other Managed Care	41,860,800	64.6%
Self-Pay	388,800	.6%
Charity Care	194,400	.3%
Other (Specify) workers comp, government and bad debt	4,147,200	6.4%
Total	64,800,000	100%

H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as **Attachment Section B-Economic Feasibility-F1**. **NOTE: Publicly held entities only need to reference their SEC filings.**

RESPONSE: The applicant is a new entity, and has no prior financial records. The most recent audit (2017) of William Medical Center, which will own most of the LLC interests in the owner of the Project, is attached to this CON application. See the 2017 Williamson Medical Center audit in **Attachment B-B.**

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

RESPONSE: This question's calculation, based on the Projected Data Chart, indicates a Net Operation Ratio of 38.6% in Year 1 of the Project.

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio					

RESPONSE: See the chart below for applicant's response this question:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	N/A	N/A	N/A	36.9%	38.6%

3) Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: (Long-term debt/(Long-term debt+Total Equity (Net assets)) x 100).

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

Supplemental #2
July 31, 2018
1:18 P.M.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

NAME OF FACILITY: BONE AND JOINT INSTITUTE OF TENNESSEE SURGERY CENTER

I, JULIE MILLER, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Julie Miller, COO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 31 day of July, 2018, witness my hand at office in the County of Williamson, State of Tennessee.

Betty LeBlanc
NOTARY PUBLIC

My commission expires 10-17-21.

BETTY LEBLANC
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

HF-0043

Revised 7/02